FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CE	ERTIFICAT			REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)	TOTAL				2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEAT	1
Larry		I	Holland	3		2 10		93	0020	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthdey) IF UND YRS. MONTH	ER 1 YEAR F UNDER 24 HR	1940.00	OF BIRTH	56	8, BIRTH Countr	IPLACE (State or For	ilgn
90. FACILITY NAME (If not institution, give stress Sinai Hospita RESIDENCE OF DECEDENT	eet and number)			ry, Town or Location of	DEATH		9c. COU	NTY OF D	DEATN	
10a. STATE 10b. COUNTY			10c. CITY, TOWN	1. /.)			10d. INSIDE CITY	T
10e. STREET AND NUMBER	20/	2	64	101. ZIP CODE	ORE	1	10g. CIT	IZEN OF V	1 YES 2 1	10
11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 K		I. WAS DECENDENT OF NIS	rican, Puarto		e or No—	14. RACI Black Spec	E - American India k, Whita, etc.	K
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(G	CEDENT'S USUAL ive kind of work dorn Do NOT use retired	e during most of working	166	WIND OF BU	SINESS/IN		o ie	
17. FATHER'S MAME (First, Middle, Leet)	0 H	1/1/2	and a	18. MOTHER'S	NAME (First,	Middle, Maiden		12		Ī
19a. INFORMANT'S NAME (Type/Print)	an	191	b. MAILING ADDRE	SS (Street and Number or Re	A Route Num	nber, City or Tow	ern, State, Zi		2206	
1 - 1 - 1 - 1 - 1 - 1			AND DATE OF DISP		PAT	20c. LC	CATION -	-		7
20a, METHOD OF DISPOSITION 1 Burial 2 Commetion 3 Remo	wal from State	cemetery, cre	mangry or other blag	n (PPA	-111KHK	11 1/	Vac	12/	11 1 11/1	2
1 Buriel 2 Commetten 3 Remo 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I, Enter the diseases, or composition of the service abook, or heart failure.	enset in the complications that	Ceused the de	eeth. Do not ent	2. NAME AND ADDRESS OF	1 les	/			Approximatinterval B	two
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23. PART I, Enter the diseases, or candidate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Metural S Pending Investigation 26. CERTIFIER (C)peck only 1 CERTIFIER DATE (Specify)	omplications that List only one ceur DUE TO (DUE TO (Coused the dese on each line (OR AS A CONSECTION	OUENCE OF): OUENC	28. PLACE OF DEATH ER: lursing Home 5 Resider 28. INJURY AT 1 YES 2 NO sectory, offica	In Part I. (Check only of the Call of the	24a, WAS AN PERFO 1 X YES 1	N AUTOPSY RMEO? 2 NO INJURY OC Show and Numbus) Indian Representation of the second numbus of	24k	Interval Be Onset and Onse	HDING TO AUSE
23. PART I, Enter the diseases, or candidate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Metural S Pending Investigation 26. CERTIFIER (C)peck only 1 CERTIFIER DATE (Specify)	omplications that List only one ceur DUE TO (DUE TO (Coused the dese on each line (OR AS A CONSECTION	OUENCE OF): OUENC	28. PLACE OF DEATH ER: lursing Home 5 Resider 28. INJURY AT 1 YES 2 NO sectory, offica	In Part I. (Check only once 8 Other City 4 1.0) due to the cathe time, det	24a, WAS AN PERFO 1 X YES 1	N AUTOPSY RMEO? 2 NO INJURY OC and Number in N Common as attempt of the state of th	244 CCURED Ot Or or Rural Cube Inted.	Interval Be Onset and Onse	PDING TO ALISE

nours after death. Page 6 may be retained by the hospital or attending physician. AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760

AN ARECTOR! After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If fiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSP TO THE FUN RA De filed with n IMPORTAN

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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t. DECEDENT'S NAME (First, Middle	Last	CERTIFICA	TE OF DEATH	REG. NO.	A TIME OF DEATH
NAHDAN	HAVEUM			PECEN DESIS	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-07-1962	8. BIRTHPLACE (State or Fore Country)
1 1	n, give street and number)	A // ·	CITY, TOWN OR LOCATION OF		UNTY OF DEATH
RESIDENCE OF DECEDE 100. STATE 10b. 0	spital of 13	sattimere	1341H	nove	
100. STATE 10b.	COUNTY	10e. CITY, TO	By His ore		10d. INSIDE CITY
	1	1	101. ZIP CODE	10g. CIT	1 P YES 2 N
100. STREET AND NUMBER 36/6 W. 11. MARITAL STATUS	Garrison /		2/2	ANIC ORIGIN? (Specify Yes or No-	USA 14. RACE — American Indian
Never Married 2 Marrie 3 Widowed 4 Divorced	CODOCOO 4 1 VE	2 NO	1 YES NO Spec	can, Puerto Rican, etc.)	Black, White, etc. Specify Black
15. DECEDENT	'S EDUCATION It grade completed)	16a. DECEDENT'S USUA (Give kind of work of	lone during most of working	16b. KIND OF BUSINESS/IN	
Elementary/Secondary (0-12) 12 tk 17. FATHER'S NAME (First, Middle, L	College (1-4 or 5 +)	LINE	TECH	Cab	le
17. FATHER'S NAME (First, Middle, L			18. MOTHER'S A	NAME (First, Middle, Maiden Surneme)	01
190. INFORMANT'S NAME (Type/Pri	Harcum	19b. MAILINO ADD	RESS (Street and Number or Rura	al Route Number, City or Town, State, Zi	(CUM
e Kristal	R. Wayman		Cedarmere	e Cir. Owing.	s Mills My
20e_METHOD OF DISPOSITION 1	Removal from State C6	bb. PLACEAND DATE OF DIS AMABRY, Crimetory of Other DI AF DUTUS	position (Name of PK	12/20/98 Arh	city or Town, State
21. SIGNATURE OF FUNERAL SERV	TICE ETCHNISEE		22. NAME AND ADDRESS OF I	FACILITY Caple Fui	neral Servi
23 PANET Enter the disease	a or complications that cause	ad the death. Do not a	2654 Ma	ryland Ave	. Balto And 2
shock, or haert for	bilury. List only one cause on	eech iina.	mer the mode of dying, so	ion an cardiac or respiretory at	reat, Approxima interval Be Onset and
disease or condition resulting in death)	. Seps	A CONSEQUENCE OF):			IMON
Z Companielle list one distance	- AID	5			5yes
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):			
8	d				
3	nditions contributing to death	but not resulting in the	e underlying cause given s	Part I. 24s. WAS AN AUTOPSY PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CA
WED!					DF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH			26. PLACE DF DEATH (Check only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence		
27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investi			28c, INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OF	CCURED
3 Suicide 6 Could	28e. PLACE OF INJUR	Y — At home, farm, street, ecify)	, factory, office	281. LOCATION (Street end Number City or Town, State)	er or Rural Route Number,
W CERTIFIER		wiedge, death occurred at	the time, date and place, and de	us to the cause(e) end manner as str	ated.
(Creck only one) 2 MEDICAL E				he time, date end place, end due to t	
296. SIGNATURE AND TITLE OF CI	RTIFIER 7	THEFT	29c. LICENSE N	UMBER 29d. DA	TE SIONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF O	PEATH (ITEM 27) (Type, Print,	, ,	1,0	December 15
31. DATE FILED (Month, Day, Year)		OV 24	oiw. Ke	lue dere Ave	Battimure,1
DEC 211993	32. REGISTRAR'S SIG	filel			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH		3.	. TIME OF DEATH
	Walter		Lee		Harbe	1				Dece			993	M
	4. SOCIAL SECURITY NUMB	EA	5. SEX	6. AGE (In yrs.	.,	IF UNDI	DAYS	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)			ACE (State or Foreign
	213-24-7259		1 🗀 📈 2 🗆 F	65	YRS.		1122	13,17632		Auq.	-	1928		vland
œ	90. FACILITY NAME (If not ins					124	ry, town o	OR LOCATI	ON OF DE	EATH		27 177	Y OF DEA	
18	1615 Willia	MS AVE	enue Essex						Baltimore					re
DIRECTOR	10e. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
	Maryland	Balti	lmore		Ess	sex							1	LIMITS?
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZE	N OF WHA	AT COUNTRY?
N N	1615 Willia	ms Ave						2122	-			U.S	.A.	
5	11. MARITAL STATUS 1 Never Married 2 7	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S.	ARMED NO	13	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? In, Puerto Ric	(Specify Yes	or No- 1	4. RACE Black, V	American Indian, White, atc.
B	3 Widowed 4 Divor		IF YES, GIVE W				1 TYES						Specify	
		EDENT'S EDUC	CATION		DECEDENT'S					16b. F	UND OF BU	SINESS/INDU	STRY	White
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응	17. FATHER'S NAME (First, Mic									ME (First, Mic		Sumame)		
BE	Charles Ed		Harbel							allbo		_		
2												n, State, Zip C		
	Mildred T. 200. METHOD OF DISPOSITION	DN			1615 V				nue	-		ryland		
	1 N Buriel 2 Cremation 4 Donation 6 Other	n 3 🗆 Remo	oval from State	cemetery	cramatony or o	ther place	al .		12	/10/0		CATION - CH		inty, Md.
	21. SIGNATURE OF FUHERAL		ENSEE	THOIL	VIII.		. NAME AN				3 Bar	CIROL	e Cou	inty, Ma.
	1	1	111.	5 1	1 8					unera				
\vdash	23. PART i. Enter the did	seesea. or c	omplications the	Column I	death Do r	7	407]	Easte	ern i	Avenu	e Es	sex, l	Maryl	and 21221
	anock, or ne	art fallure.	List only one	he op each ii	ne.	iot eine	i the mo	ue or ayı	mg, suc	n aa cardia	c or resp	ratory srres	st,	Approximata Interval Between
	iMMEDIATE CAUSE (Fine disease or condition		Wita	11.1	Can	C	Λ.		110	1.1.				Onset and Death
	resulting in death)	,	DUE TO	(OR AS A CONS	SEQUENCE OF	F):	ma	1	LOV	1000				2 years
Z	Comment to the state of		b					4						1
RTIFICATION	Sequentisity list condition if any, leading to immed	iste	DUE TO	(OR AS A CONS	SEOUENCE OF	F):								
일	cause. Enter UNDERLY!! CAUSE (Disease or injur		DUE TO	(OR AS A CONS	FOURNOR OF									
≣	that initiated events resulting in death) LAST		DOE 10	(OH AS A COMS	SECUENCE OF	r):								
핑		-	1											
AL	PART ii. Other aignificer	condition	s contributing to	death but no	t resulting i	in the u	nderlying	ceuse g	jiven in	Part i. 2	4a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
EDICA										1	YES 2	XNO	00	MPLETION DF CAUSE DEATH?
Σ										_				YES 2 NO
AN	25 Mag 0105 0555000													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	sck only one)				
HYS	1 YES 12 NO		1 Inpatient 2 I		3 DOA 28b. TIM				sidence	6 Other (
	Natural 5 P		(Month, De		INJ	URY	28c. INJU	PK? ES 2	1 100	28d. DESCI	AIBE HOW I	NJURY OCCU	RED	
ЭВУ	2 Deutster	ould not be	28e. PLACE OF	F INJURY AI	home, ferm, s	street, fac				28t. LOCAT	ION (Street a	and Number or	Rural Bout	n Number
I		etermined	building,	atc. (Specify)						City or	Town, State)		THE PROPERTY	THOMAS,
PE	29s. CERTIFIER CERTIF	FYING PHYSIC	CIAN: To the Best of	my knowledge,	death occurre	d at the	time, date	and place.	and due	to the cause	(a) and man	one so stated		
COMPLETED	one) 2 -MEDIC	AL EXAMINES	ton the basis of ex	emination end/e	r Investigatio	n, in my	opinion, de	eth occun	ed at the	time, dete er	d place, en	d due to the	: :ause(s) en	od manner ee stated.
w	29h, SIGNAZURE AND TUTLE		-66	X	n	>	- 1		NSE NUM					onth, Daye Year)
00	Olivo	X	mon	411	1/			DI		37	_	1/2	112	193
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED-SAUS	THE PERTY IN	wh an /ton	Donati		-				10	/ / 0	/ / /

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1993

DHMH-16 Rev 1/89

	permit.
physician.	burial-transit
death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
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be retained	age 5 should
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in 24 hour	ely filled in
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death ce	e attendin

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (Flist, Middle, Las Daisy Mae Hibshma	n					2. DATE O	FOEATH DA	- 93	SEAR 3.	6:37
	4. SOCIAL SECURITY NUMBER 198-14-9095	5. SEX 1 ☐ M 2 🙀 F	8. AGE (In yrs. lest I		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 14/23		Country)	Virgini
æ	ea. FACILITY NAME (If not institution, give Stella Maris Hosp					OR LOCATION OF DI		2 17 20	9c. COUNT	Y OF DEAT	Н
2	RESIDENCE OF DECEDENT	ice			Towson				Ватт	imor	<u>e</u>
DIRECTOR		m timore			town or Loca dle Riv						d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	Of. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
N.	2237 Southorn Re					21220			U. S	S. A.	
ă m	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, OIVE W	T EVER IN U.S. ARM YES 2 YOUR WAR OR DATES	IED)	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 X NO Specif	en, Puerlo Ri		or No-	Black, W Specify:	American Indian, Thite, etc.
	15. DECEDENT'S EC (Specify only highest gra		16a, OEC	EDENT'S US	BUAL OCCUPAT	TON post of working	16b. I	KIND OF BUS	BINESS/INDUS	STRY	wiite
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		rk done during m retired.)	out or working	9				
N P	8		Ass	emble	er				catio	n	
ဗ္ဗ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
H H	John Caplinger	1111111				Haddie					
2	19a. INFORMANT'S NAME (Type/Print)	114				and Number or Rural					
	Delores J. Su.					d Road M					
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	movel from State	cametery, crem	atory or othe	OISPOSITION (A		OATE		CATION — CH		
	4 Donation 5 Other (Specify)		Belair	Memo	orial (Gard. 12/		Bel	air, N	Mary]	and
	21. SIDNATURE OF FUNERAL SERVICE	LICENSEE	X	1	22. NAME A	AND ADDRESS OF FA	CILITY				
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ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	s. Lung Ca	of each line.	UENCE OF):							Approximate interval Bets
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	1. DECEDENT'S NAME (First, MICE)	ddie, Leet) Offel	6	Opa1	G. H	awk		2. DATE OF DEATH MONTH	B	YEAR 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 22 8087	6, SEX 1 M 2 D	8. AGE (In yrs.	est birthday) YRS.	IF UNDER 1 YE	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH	1911	8. BIRTHPLA Country)	CE (State or Foreign Sylvania
2, 3 should TOR	98. FACILITY NAME (If not institu St. Agnes					wn on Local		ity		TY OF DEAT	н
- 15	RESIDENCE OF DECEL	DENT Db. COUNTY		10c, CITY	, TOWH OR L	OCATION				100	d. INSIDE CITY
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use as	15. DECEDE (Specify only his	ENT'S EDUCATION ghest grade completed)			USUAL OCCU	PATION og most of work	dna	16b. KIND OF B	JSINESS/IND	USTRY	
ed for	8th Grade	College (1-4 or	5+)	Housew	e retired.)			Home	Maker		
8 # W	17. FATHER'S NAME (First, Middle	Charles	F. Glisa	am		18. MO		ra Railey			
TO TO	George Haw				ADDRESS (S) Grant			oute Number, City or To			1227
funeral director, page xaminer must be	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 4 Donation 5 Other (Sp	3 - Removal from State			of Disposition ther place) Ceme				ocation — o		state aryland
tuneral dir L. examiner	21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	urh		Geo	_	Gonc		1 Home	P.A.	
attending physician and completely fill mal Hygiene prior to burial, cremation, ry, or other traumatic event, the CERTIFICATION	Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	ta c.	TO (OR AS A CONS								
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hows MEE	CONGES	TIVE HE	ART	PA	TUIR	F		1 □ YES	2 NO	OF	DEATH?
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5 TE	27. MANNER OF DEATH 1 Netural 5 Per	28e. DATE		28b. TIM		c. INJURY AT WORK?		Other (Specify) 28d. DESCRISE HOW	INJURY OCC	CURED	
4C 10	3 Suicide 6 Cou	28e. PLACE	OF INJURY — At ing, atc. (Specify)	home, farm, s	itreet, tactory,	office		28t, LOCATION (Stree City or Town, State		or Rural Route	Number,
	onel	ING PHYSICIAN: To the best									d manner as stated
TO THE FUNERAL De filed within 72 IMPORTANT: If TO BE COMI	30. NAME AND ADDRESS OF PI	el NSA	Mus	نبك	TERNIS		D42	07-5	P (SIGNED (MG	onth, Day, Year)
	EMMANUEL	NEAH,	ST. A-G		HOSP!	TAL	· , c	ATON A	NENU	INF	BALTIN
	31. DATE FILED (Month, Day, Yea	32. EGIST	HARD SIGNATURE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, La	etl				2. DATE OF DEATH		A TW 05 -
		E	I	HARRISON	, SR		5 93	3. TIME OF D 3 02:42 I
i	4. SOCIAL SECURITY NUMBER 219 05 1553	5. SEX 6. A	GE (In yrs. last birthda 76 YRS	MONTHS DAVE		7. DATE OF BIRTH (Month, Day, Year 01/06/1		. BIRTHPLACE (State of Country)
	So. FACILITY NAME (If not institution, give	ve street and number)		9b. CITY, TOWI	N OR LOCATION OF E			Maryland Y OF DEATH
ECION	NORTH ARUNDEL H		CIATION	GLEN	BURNIE	0.5	Α.	A. COUNTY
3EC	10a. STATE 10b. COU		10c. C	CITY, TOWN OR LOC	CATION			10d. INSIDE C
PH	Maryland A	nne Arundel	I	Pasadena				1 TYES 2
₹ I	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY
FUNERAL	766 Powhatten	Beach Road			21122	A 150 CM	U.	S.A.
B≼	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 5 V IF YES, GIVE WAR O World War	YES 2 NO	If yes,		NIC ORIGIN? (Specify an, Puerto Rican, etc.) lly:		4. RACE — American I Black, White, etc. Specify: Whit
	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT	T'S USUAL OCCUPA of work done during	TION	16b. KIND OF	BUSINESS/INDUS	
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COMPL			Gener	cal Labor	rer			
8	17. FATHER'S NAME (First, Middle, Last)	James Har	rison			AME (First, Middle, Maid		
8	19a, INFORMANT'S NAME (Type/Print)	valles nat.		NO 4007777			mes	
2	Bernadette Pai	tton		iley's L		Pasadena,		
			20b. PLACE AND DAT					ty or Town, State
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	21. SIGNATURE OF FUNERAL SERVICE		OLCH HAV	22. NAME	AND ADDRESS OF F	ACILITY		
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. DUE TO (OR / b. DUE TO (OR / c. DUE TO (OR / d. DUE TO (OR	ONGESTI AS A CONSEQUENCE CATODIST AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resultin Coutpetiant 3 DOA TOTAL DOA TOTA	OF: OF: OF: OF: OF: OF: OF: OF:	Ing cause given in PLACE OF OEATH (Come 5 Residence NJURY AT WORK? YES 2 NO Hice sta end place, end du , death occured at th 29c. LICENSE NU D 45	Part I. 24a. WAS PERI 1 YES heck only one) 6 Other (Specify) 26d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. C	AN AUTOPSY FORMED? 3 2 NO W INJURY OCCU we're and Number or are) manner es stated, and due to the stated a	Interval Onset 24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2 RED RED RURAL FRONTO Number, Cause(e) and manner SIGNED (Month, Day, 1) 2 15 9 3

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CS61 15 0 ID

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 ANGEL ELALVA HILLION-BEY 14 12:07 P.M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 TF 3Mos. 8-23-93 Balto. Md Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5509 GWMN OAK AVE BALITMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD YES 2 NO BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5509 Gwynn Oak Ave use as the burial-transit 21207 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced **Black** ED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe COMPLET P Elementary/Secondary (0-12) College (1-4 or 5+) detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Jamie Hilton-Bey BE Angel Moore page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Angel Moore 5509 Gwynn Oak Ave Balto. Md ours after death. Page 6 may be pe 20 METHOD OF DISPOSITION

1 Burlet 2 Cremation 3 Removed from State BOb. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, King Memorial Pk. Cem. 12/20/93 Balto. Md. 4 Donafton 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT examiner LEROY O. DYETT & SON FUNERAL HOME 4600 Liberty Hights Ave. Balto Md. the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medicai 23 PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock or heart failure. List only one cause on each line. 27372 0 IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition resulting in death) event. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) P.0. that initiated eventa resulting in death) LAST 6 DIVISION OF VITAL RECORDS, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the MARLABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? requires that amy 1 YES 2 NO OF DEATH? 1 TYES 2 NO 0 PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, ftem certificate I **EXAMINER?** HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA TYP YES 2 NO 4 ☐ Nursing Home 5 🔀 Residence 8 ☐ Other (Specify) e de 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this codeath with I 1 Netural 5 Pending м 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of tem 28 is 99 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) end manner as stated. ID THE HOSPITAL OF THE FUNERAL DOES FIRED WITHIN 72 hours IN PORTANT. If the 2 💢 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 12-15-1993 O.C.M.E. 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HODDINE M. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32: AFGISTHAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the 25 hours and Hydrone prior to burial, cremation, or removal. PORTIANT: If I ham 28 is marked or than 28 shows any linky not right than marked any linky or right than marked or than 28 should be applied to the properties of t	TO BE COMPLETED BY FUNERAL DIRECTOR	9e. FA C (C FRESI 10a. S' MA 10e. S' 11. MA 1
vithin 24 nours aftu bletely filled in by tremover		IMME dises result
SICIAN: The law requires that the death certificate be executed within 24 nours after death certificate has been signed by the attending physician and completely filled in by the the State bept. of Health and Mental Hygiene prior to burial, cremation, or removal or item 23 showe any injury or other Parimonal council the mandacian	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequilif any cause CAUS that is result
A TTENDING PHYSICIAN: The law requ ECTOR: After this certificate has been is after death with the State Dept. of Is 73 e marked or Item 73 elym	ETED BY PHYSICIAN: M	25. WAA EX 1 [27. MAI X X 2 [3 4 [
TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNEPAL DIRECTOR: After this of filed within 72 hours after death with	BE COMPL	29e. CE (Cr one
1	T0	30. NAM

STATE OF	MAR	LAND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.
			2. DATE C	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMENT OF H	IEALTH AND	MENTAL HYGIEN		0 0 100		
	1. DECEDENT'S NAME (First, Middle, Last) HIL		INRIC			2. DATE OF DEATH MONTH 12-1	AV VEAD	3. TIME OF DEATH 4:40 P. M		
	216-12-3703	□ M X X F 87	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)				
TOR	99. FACILITY NAME (If not institution, give street COLLEGE MANOR N RESIDENCE OF DECEDENT		E		HERVIL		9c. COUNTY OF	LTIMORE		
DIRECTOR	MARYLAND 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT		ITY		10d. INSIDE CITY LIMITS? XXYES 2 \(\square\) NO		
FUNERAL	3838 ROLANI	D AVENUE		101	ZIP CODE 212	11		S.A.		
B	11. MARITAL STATUS 1	WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	CX40	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	Bie	CE — American Indian, ack, White, etc.		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade complete the complete that the	ON 16s pleted) 16s plege (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION Work done during more retired.) CRETARY	st of working	16b. KIND OF BU	SINESS/INDUSTRY	м		
BE COM	17. FATNER'S NAME (First, Middle, Last) (UNK •)) SATCH				ME (First, Middle, Melden RIETTE	Surname) (UNK.)		
TO B	196. INFORMANT'S NAME (Type/Print) SUSAN S. HINR	CHS	19b. MAILING 2111	CHAPEL	Number or Rural	Acute Number, City or Tow Y LANE, T	n, State, Zip Code)	,MD.21093		
	20a. METHOD OF DISPOSITION 1	from State cometer	CEAND DATE	OF DISPOSITION (Na	ma of	OATE 20c. LO	CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICENS R. H. But			H	ENRY YORK	CILITY N. JENKIN ROAD, BALT	IS &	SONS MD.21212		
	23. PART i. Entar the diseases, or companies to the shock, or haert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the	a death. Do r	Arry	de of dying, suc	h as cerdiec or reep	iratory srrest,	Approximate interval Batween Onset and Death		
rion	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COI	NSEQUENCE OF	Myoc	ardid	Infand	ton	1 Week		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	F):						
7	PART II. Other eignificent conditions co	entributing to death but n	ot resulting i	in the underlying	g cause given in	Part I. 24e. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC						_		1 YE\$ 2 NO		
SICIA		OSPITAL:	2 0004	OTHER:	ACE OF OEATH (Ch					
PHY	27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE NOW I	NJURY OCCURED			
B	XX Netural 5 Pending 2 Accident Investigation	20- PLACE OF BUILDING		M 1 🗆 Y	ES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)				28f. LOCATION (Street a City or Town, Stete)		Route Number,		
MPL	29e. CERTIFIER XX CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: Or							(e) and manner se stated		
BE	290. MANATURE AND TITLE OF CERTIFIER	Heun	3		29c. LICENSE NUI			6 (Mahin, Dey, Yeer)		
5	30. NAME AND ADDRESS OF PERSON WHO CO				KMA L	ATMO ME	21010	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E E .	DMIA. L	MI. B	ALTO.,MD.	Z1218	•		
	DEC 211993	Tinser Pondal	L							

3. TIME OF DEATH

1:00

Christian L. Heistand

2. DATE OF DEATH MONTH

Dec.

1 7

1993

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial with the family hyghes for to burial, cremation, or removal.

LEMONTABLY HISTORY AND A PRINT OF A PRINT OF THE PRINT OF THIS BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	523-44-15		1 M 2 F	6. AGE (In yrs. lei	YRS.	MONTHS	DAYS	HOURS	24 HRS.	Jan. 15,	1938	Cour	
	Se. FACILITY NAME (If not it	institution, give o						OR LOCATI				UNTY OF	
DIRECTOR	2275 Four		ons Dri	Lve		Gai	mbr	ill	5		An	ne	Arundel
3EC	10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN O	R LOCA	TION					10d. INSIDE CITY
	MD	Anne	Arunde	el	Gambrills								LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD			10g. Cl	TIZEN OF	WHAT COUNTRY?
NE	2275 Four	Seas		LVE NT EVER IN U.S. AF				210!			_	SA	
ВУ	1 Never Married 2 3 Widowed 4 Div		FORCES?	YES 2	NO	10	yes, sp		n, Maxic	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.) by:	e or No		ck, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				ECEDENT'S Sive kind of a. Do NOT u	B USUAL OC work done d	CUPATI uring mo	ON ost of workin	og .	16b. KIND OF BU	JSINESS/IN	DUSTRY	
1PL	1.2	0-12)	College (1-4 or 5		arp	ente:	r			Re	emod	eli	na
CON	17. FATHER'S NAME (First, A	Viddle, Last)						16. MOT	HER'S NA	AME (First, Middle, Maide			
BE	James L.		son							e DeVill:			
2	19a. INFORMANT'S NAME (19						Route Number, City or To			0405
	Yolande E		stand	20b. PLACE					ons	Drive, (GATION -		
	1 Donation 5 Othe	on 3 Rem	ioval from State	cemetery, cre Metr	emetory or o	other place)							imore, MD
	21. SIGNATURE OF FUNE	AL SERVICE LI	CENSER	111001	0 0.	22. N	AME A	ND ADDRE		CILITY			
	Date!	16	1111					-		neral Ho			A. _MD 21401
	23. PART I. Enter that shock, or it	fiseases, or port fallure.	complications the	at caused the de	eeth. Do	not enter	tha mo	ode of dy	ing, suc	ch as cardiac or resp	olratory a	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (F)	nal	/	10.0		15.00	1.	. 0					Onset end Deat
	resulting in death)	\rightarrow	DUA TO	OR AS CONSE	QUENCE O	my	20	uu	u				244
z			n	Mas	tax	ic	10	ane	2	af lun	c		lomos
OIT	Sequentielly list condi- if any, leading to imme	diete	DUE TO	(OR AS A CONSE	QUENCE C	OF):				0	1		
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ury	c	OR AS A CONSE	OUENCE C	OF):				-11-2-			
	PART II. Other algolfic	ent condition	na contributing to	deeth but not	reculting	in the unc	dariyin	g ceuse	given in	Part I, 24a. WAS A	N AUTO DE Y	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 🗆 YES			COMPLETION OF CAUSE OF DEATH?
ME										_	\wedge		1 TYES 2 NO
CIAN:	25. WAS CASE REFERRED 1	TO MEDICAL			_		28 D	ACE OF I	EATH O	neck only one)			
SICI	EXAMINER?		HOSPITAL:	ER/Outpatient	3 T DOA	OTHER 4 Nurs	:	1		6 Other (Specify)			
PHYS	27 MANNER OF DEATH		28a. DATE O		26b. TII	-	28c. IN.		-	28d. DESCRIBE HOW	INJURY O	CCURED	
BY F	1 Minural 5 🗆	Pending Investigation	1	July, Toury		M		YES 2] NO				
0	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, facto	ry, offic	en .		28f. LOCATION (Street City or Town, State	and Number	er or Rura	Route Number,
MPLET										to the cause(s) and me		- /	
COM			-	Examination and/or	investigati	on, in my of	enion,					-	(s) end manner as stated.
TO BE	SHE SHOWN THE AND THE	UN	7	_	_			29c) NC	POSE NU	543	29d. DA	TE SIGNE	2 4 Z
-	30. MARCHINO	B.1	OCOMPLETES CAL	SE OF DEATH LITE	XV	Mil	ny	(t	0	m 50	Un	Me	Ct 207
	DEC 2 1 19		32: REGISTR	AR'S SIGNATURE			1			0			

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TO THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician.

THE THIEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fund with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S NAME (First	, Middle, Last)										OF DEATH			3. TIME	OF DEATN
	James	Hall									Dec.	18.	1993	PAR		M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE		IF UNDER	7	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
1 8	213-30-23	89	1 🔀 M 2 🗆 F	6	0	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb,	12,	1933	Count	ent	ucky
1	9a. FACILITY NAME (If not in						9b. CIT	, TOWN	DR LOCATI	ON OF D	EATN		9c. COU	NTY OF E	EATN	
e e	Francis S	cott	Кеу				В	alt:	imor	e						
5	RESIDENCE OF DEC															
DIRECTOR	Md.	10b. COUNTY					Y, TOWN								10d, IN	SIDE CITY MITS?
	10e. STREET AND NUMBER		imore				Dun									ES 2 NO
FUNERAL	The state of the s							101	r. ZIP COD					IZEN OF		UNTRY?
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	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 N	IO MED	- 3	If yes, sp	ecify Cubs	en, Mexica	en, Puerto I	? (Specify Ye Rican, etc.)	s or No-	14. RACI Blac	E — Ame k, White,	rican Indian, atc.
B	3 Widowed 4 Divo	orced	KORE	EA	MES		1	1 [] YES	2 NO	Specif	fy:			Spec	"y: W]	hite
8	15. DEC	EDENT'S EDUC	CATION			CEDENT'S					16b	KIND OF BU	SINESS/IN	DUSTRY	•	
i ii	Elementary/Secondary (0	1	College (1-4 or 5	+)	Ha.	Do NOT us	e retired.)		ost of workii	ng						
COMPLETED						Mach	ini	st			Cr	own	Cork	&	Sea	1
00	17. FATHER'S NAME (First, M	fiddle, Last)							18. MOT	HER'S NA	AME (First, A	fiddle, Maiden	Surname)			
BE (Oscar Hal	l Sr.							Ma	е	_					
2	19a. INFORMANT'S NAME (er, City or Tow		,		
	Rebecca A					1948	Ew	ald	Ave	. B	alti	more	, Md	. 2	122	2
	20a. METHOD OF DISPOSIT	TON on 3 ☐ Remo	ovai from State			MD DATE O			ame of		OAT	20c. LC	CATION -	City or To	wn, State	
	4 Donation 8 Other		- Lander			y H	i11				12/	21 B	alti	more	e, 1	Md.
	1 /1 0	L SERVICE LIC	ænsee /	7 1					ND ADDRE			1 Ho	m o o	f D.	. n d	2 1 lz
	Colt	10	nnel	ly			7	110	So1	ler	s Pt	. Rd	. Ba	1 + 1 1	nore	21222
	23. PART I. Enter the d	iseeses, or o	complications the	it saused	the de	ath. Do r	not enter	the mo	de of dy	Ing, auc	ch as cero	llac or reep	Iratory ar	rest,	A	pproximata
	IMMEDIATE CAUSE (Fir	nei														nset and Death
	disease or condition	→	CHR	ONI	(BRO	MCH	171	S							
						DUENCE OF						25				
N	Sequentially list condit	lons.	DUE TO	1 GE	ST	IVE	H	EA	27	FF	4100	KE				
F	If any, leading to imme cause, Enter UNDERLY															
윤	CAUSE (Disease or Injuthat initiated events		c. MY	(OR AS A	CONSEC	DUENCE OF	F):								-i-	
CERTIFICATION	resulting in deeth) LAS	т						ER	Y	DIS	SEA	15E				
	54 57 H 6H 1 H														+	
MEDICAL	PART II. Other significe			deeth b			In the u	nderlyln	g ceuse (given in	Part I.	24a. WAS AN PERFO		246	AVAILAE	UTOPSY FINDINGS ILE PRIOR TO
ă			2	16	الما	10)					1 TES	Z (200		OF DEA	TH?
-	OBES	>117					_				_ [1 🗌 YI	ES 3/D NO
AN	25. WAS CASE REFERRED T	D MEDICAL														
S	EXAMINER?	O MEDICAL	HOSPITAL:	T FROM		I	OTHE	R:	Α		heck only on		-			
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2		atlent 3	28b. TIM		28c. INJ	A	sidence	6 Othe	(Specify)	IN HIRV OC	CUBED		
		Pending	(Month, C	Pay, Year)			URY	WC	PRK?	□ NO	100.02	OINDE HOW		OUNED		
ВУ	2 Calaba	Investigation Could not be	28e, PLACE C	F INJURY	- At ho	me, ferm, s	street, fec				28f. LOC	ATION (Street	and Numbe	r or Rural i	Route Nur	nber.
臣		detarmined	building,	etc. (Spec	ffy)							or Town, State,				
COMPLETED	29a. CERTIFIER 1 CERT	TIFYING PNYSH	CIAN: To the best of	my knowl	edge de	ath occurs	ed at the	ime det-	and place	and du	to the seri	00/0) 004		and .		
₩.			R: On the beals of a												n) and me	nner as stated
	29b. SIGNATURE AND TITLE						•			ENSE NUI						HANNESCH-SWI
BE	Dec	re	Se	63	, 1	1. P.			D	377	W-P	7	ESG. DAI	E SIGNED	(Month,	C/Z
2	30. NAME AND ADDRESS OF	F PERSON WHO	O COMPLETED CAU	SE OF OE	ATN (ITEN	4 27) (Type.	Print)			03	1-0	/			-01	-
	DFEPAK SETH			ISE A				MOD.	E. MI	223	222					
1		-7 -401/0	- LUI W	LULL P	VEIN	2E E	2211	LTIUK	r MI	1 / [111					
	31. DATE FILED (Month, Day,	Year)	32. REG (1)	ON THE PERSON	ACUME.		- Indian									
		76ar) 2 1 199	32. REGIST	L	len	Park	施									

 Johnson

1 Was Dr

S. SEX

1. DECEDENT'S NAME (First, Middle, Last)

-76 - 4381

DOMINIC

6. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

Dominic Johnson

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

2. DATE OF DEATH

7. DATE OF BIRTH

18

8. BIRTHPLACE (State or Foreign

Md.

Balto.

DIVISION OF VITAL RECORDS, ATTENDING PHYSICIAN: The law

Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH BON BAHIMORE MARYland DIRECTOR RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MO BAHIMORE YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Dukeland 21216 STREET burlal-transit 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H was anactiv Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica

1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married BY as the b 3 Widowed 4 Divorced **Black** 2 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY esn nse (Specify only highest grade comp COMPLET 10 Elementary/Secondary (0-12) College (1-4 or 5+) detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Evelyn Dukeland Brown Nelson Johnson notified at should be H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zio Code) 9 805 N. Dukeland St Balto. Md Evelyn Johnson 21216 page 5 Pe 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must director, Forest Vet. 12/23/93 Owings Mills, Md 4 Donation 5 Other (Specify) examiner LEROY O. DYETT & SON FUENRAL HOME, 21. SIGNATURE OF FUNERAL SI funeral INC 4600 Liberty Hghts Ave. Balto. Md. the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or seart failure. List only one cause on each line. Approximate 20 filled in by 6 Onset and Death IMMEDIATE CAUSE (Final cremation. the chydration disease or condition resulting in death) completely traumatic event, DUE TO DR AS A CONSEQUENCE OF): ementia prior to burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician 5 CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST ò signed by the atter-Injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS VILABLE PRIOR TO fever eny COMPLETION OF CAUSE 1 | YES 2 | NO Health OF DEATH? shows 1 TYES 2 T NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem EXAMINER? certificate t HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this with marked. Natural 5 Pending Investige 1 YES 2 ND BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 08 COMPLETED 4 Homicide 23 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occ MPORTANT 29h SIGNATURE AND TITLE OF CENTIFIER 20c. LICENSE NUMBER D4395 BE 黑黑鹭 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) AIRE BEISER BOX 165 MD 22 S.GREENE 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 2 1 1993 OHMH-16 Rev 1/89

HOSPITAL TH

THE DEGR. THE.

Melson Johnson

Evelyn Johnson

Evelyn Sulombond

BISIS BY LOSERY IN DOMESTIC . EDG

Carrison Forcet Vet. 12/23/93 Ouldge 1115 #6 ...

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4600 Libertly Robth Ava. Called. It.

Item1, Film706, 12/23/93, lt

93 37012

1	1. DECEDENT'S NAME (First, Middle, MTN	SU SOO		KAN	JG	2. DATE OF DE	DAM.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-82-4278			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, June 7	RTH I		PLACE (State or Fore
TOR	99. FACILITY NAME (# not institution, 1111 PARK AVE			96. CITY, TOWN OF BALTIMOF		EATH	9c. COUNT		
DIRECTOR	100. STATE 10b. CO			TOWN OR LOCATE		F			10d. INSIDE CITY LIMITS? 1 YES 2 X N
ERAL	100. STREET AND NUMBER 1512 Custom	s Road		10f.	21237		Kore		HAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spec	NDENT OF HISPA city Cuban, Mexico 2 XNO Specia	in, Puerto Rican,	atc.)	Specify	- American Indian White, etc.
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		160. DECEDENT'S U (Give kind of wo life. Do NOT use Depende	ork done during most retired.)	N t of working	16b, KIND	OF BUSINESS/INDU	_	NOT CALL
COMPL	17. FATHER'S NAME (First, Middle, Las				16. MOTHER'S NA	AME (First, Middle,	Melden Surneme)		
BE	Jae Nung	Kang	100 41411110	ADDRESS (O	Joo	Il		hoi	
2		ang		as #10.	a number or Rural	rioute Number, Cit	ty or Town, State, Zip (Code)	
	20e. METHOD OF DISPOSITION 1		PLACE AND DATE OF			/23/93	Towson,		
	21. SIGNATURE OF EMPERAL SESTIN	E LICENSEE	./		ADDRESS OF FA				50 York
	23. PART I. Enter the diseases	, or complications that causes on a lure. List only one cause on a	the death. Do not hine.	Ruck Tot enter the mod	owson F	uneral	Home, Incorrespiratory arre	c. To	
ERTIFICATION	23. PART I. Enter the diseases ahock, or heart fail iMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR AS A	DMU	Ruck Tot enter the mod	owson F	uneral		c. To	Approximat
I: MEDICAL CERTIFICATION	23. PART I. Enter the diseases ahock, or heart fail immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF)	Ruck Tot enter the mod	lowson F	uneral the acsidiac co		C. TO	Approximat
MEDICAL	23. PART I. Enter the diseases ahock, or heart fail immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause o	b	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) THE PROPERTY OF THE P	Ruck Tot enter the mod (Luck) (I): (I):	Cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 1 NO	C . TO	WSON, Md. Approximate interval Bet Onset and Interval Bet Onset Interval Bet Inte
MEDICAL	23. PART I. Enter the diseases ahock, or heart fail immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions are sufficient conductions.	a. DUE TO (OR AS A DUE TO (OR AS A d. D. D. DUE TO (OR AS A d.	A CONSEQUENCE OF)	Ruck Tot enter the mod	Cause given in	Part I. 24a.	OF PERFORMED?	C. To	WSON, Md. Approximate interval Bet Onset and Interval Bet Onset Interval Bet Inte
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ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases ahock, or heart fail immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? YES 2 D NO 27. MANNER OF DEATH 1 Natural 6 Pending	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF)	Ruck Tot enter the mod Cot enter the mod enter the mod Cot enter the mod enter the mod Cot enter the mod en	Cause given in	Part I. 24a. Part I. 24a. 1 □ Peck only one) 6 ¼ Other (Spectrum) SUBJEC	WAS AN AUTOPSY PERFORMED? YES 2 DIO City) PARKING E HOW INJURY OCCU I (Street and Number of m. State)	C. TO	WSON, Md. Approximatinterval Bell Onset and Interval
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	Pages 1	
	permit.	
law requires that the death certificate be executed within the curs after death. Page 6 may be retained by the hospital or attending physician,	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Sours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Heath and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First	Middle, Last)	- KM	GH.	J(OHN JOSI	ЕРН К	NIGH		MY	YEAR	TIME OF DEATH
- 3	4. SOCIAL SECURITY NUM	V J		AGE (In yrs. lest	· .	IF UNDER 1 YEAR	IF UNDER	1 04 MM	7. DATE OF BIRTH	161	93	NCE (State or Foreign
	215-03-6990		1 M 2 F	77	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	.,,	Country)	
	9a. FACILITY NAME (If not in	-	Δ	//		9b. CITY, TOWN	OR LOCATI	ON OF DE	MAY 14,19		MARYL NTY OF DEAT	The same of the sa
DIRECTOR	NORTHWEST I		AL CENTER				BALT	IMOR	E		BALT	IMORE
E C	10a. STATE	10b. COUNTY	,		10c. CIT	r, TOWN OR LOCA	TION				100	d. INSIDE CITY
P	MARYLAND	BAI	LTIMORE			RANDA	LLST	OWN			1[YES 2 NO
ME	10e. STREET AND NUMBER					10	f. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3813 MARRIO	DTTSVII					211				U.S.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 7 3 Widowed 4 Dive		12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 N	O O	If yes, s		ın, Mexica	NIC ORIGIN? (Specify Ye in, Puerlo Rican, etc.) y:	s or No—	14. RACE — Black, W Specify:	American Indian, hite, etc. WHITE
		EDENT'S EDU		WW II	renewt's	USUAL OCCUPAT	ION	-	16b, KIND OF BU	ISINESS/IND	HISTOV	***************************************
ETED	(Specify on Elementary/Secondary (y highest grade	completed) College (1-4 or 5+)	(Gi		vork done during it		ng	160. KIND OF BC	/SINESS/INU	705 THT	
PL	8th GRADE	7.12/	College (I-4 of 5+)	PRO	OPRIE	ETOR			DRY	CLEAD	VERS	
COMPL	17. FATHER'S NAME (First, A	liddle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maider			
BE (JOHN KNIGHT	2					P	EARL	SELBY			
0	19a. INFORMANT'S NAME (196					Route Number, City or Tox			21133
	CATHERINE N					F DISPOSITION (A		VILL	E ROAD-RAN		City or Town.	
	20a. METHOD OF DISPOSIT 1 N Burial 2 □ Crematic 4 □ Donation 5 □ Other		oval from State	cemetery, crei	metory or o			T/F	1	SYKESI		State
	21. SIGNATURE OF FUNERA		CENSEE	LAKEV.	LEW P	22. NAME /	ND ADDRE	SS OF FA	CILITY	*********	VILLE	
	>7/1-	Mari	Color	-/					AL HOME IN			
	23. PART i. Enter the d	Iseasea/or o	complications that c	oused the de	ath. Do r				AVENUE-BAI			21229 Approximate
	iMMEDIATE CAUSE (Fi disease or condition resulting in death)	-	DUE TO (OI	1 RA	TOR	LY PI: DNF			RE, PSEUL	DaMo	NAS	interval Between Onset and Death
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji- that initiated events resulting in death) LAS	diate ING ary	DUE TO (OF	R AS A CONSEC	DUENCE OF	F): '			1 5000		7,0	
MEDICAL	PART II. Other eignification of the Control of the	SIP	(R) CVP	OSTA	OP!), BRO				RMED?	AM CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1		1 10			26. 1	LACE OF (DEATH (Ch	neck only one)			
SIC	EXAMINER?		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	me 5 🗆 R	esidence	8 Other (Specify)			
ЭНУ	27. MANNER OF DEATH		28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIM	E OF 28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
BY F	1 Natural 5 _	Pending Investigation				M 1	YES 2 [□ NO				
ED	3 Suicide 6 4 Homicide	Could not be determined	28e, PLACE OF II building, etc	YJURY — At ho . (Specify)	me, ferm,	street, factory, off	ce		281. LOCATION (Street City or Town, State		r or Rural Rout	e Number,
COMPLET	condon only		CIAN: To the best of my									nd manner as stated.
BE C	296. SIGNATURE AND TITLE	E OF CERTIFIE	~ lu				29c. LIC	ENSE NU	MBER 733	29d. DAT	E SIGNED (M	onth. Day, Year)
5	30. NAME AND ADDRESS C	F PERSON WH	O COMPLETEO CAUSE	OF DEATH (I) EI	4 27) (Type		w	7.11	172	1		- 1 12
	31. DATE FILED (Month, Day,	Year)	22 REGISTRAR'S	SIGNATURE		10 /		-17	2)			
	DEC 21199	3	S. Lienson	La part	,							
		39		1								DHMH-18 Rev 1/89



Pages 1. 2, 3 should

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injury, or other

23 shows any

or Item

28 is marked,

HOSPITAL OR ATTENDIN

FUNERAL DIRECTOR: within 72 hours after

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 2 History

Detastatic

5 Pending

6 Could not be

25. WAS CASE REFERRED TO MEDICAL

t TYES 2 NO

27. MANNER OF DEATH

Natural 2 Accident

3 Suicide

29a. CERTIFIER

296. SHOMATHIN

4 Homicide

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 37014. STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) CHARLES KAZLAUSKI 2. DATE OF DEATH 3. TIME OF DEATH YEAR 3 azlauski. Charles 13:02 A. M 12 9 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 X M 2 | F 73 212-18-2563 YRS WEST VIRGINIA JAN. 3. 1920 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR VIEW HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT toe STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMROE BALTIMORE MARYLAND 1 TES XX NO FUNERAL 10e STREET AND NUMBER tof, ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 21227 U.S.A. 2903 PENNSYLVANIA AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO tt. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, etc. t Never Married 2 X Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) Specify: WHITE IF YES, GIVE WAR OR DATES T YES 2 NO Specify. BY 3 Widowed 4 Divorced COMPLETED ts. DECEDENT'S EDUCATION (Specify only highest grade complete t6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SHEET METAL WORKER UNION 9th GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (UNKNOWN) AUGUST KAZLAUSKI URSULA BE tea. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6424 ENGLISH OAK COURT - Linthicum, Md. ELLEN KAZLAUSKI 20s. METHOD OF DISPOSITION
tX Burlai 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MEADOWRIDGE MEMORIAL PK 12/22 ELKRIDGE 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. am 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 23. PART I. Enter the diseases/or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ocal 914 day resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events

resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. a Att Recliation dre

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? t TYES 2 NO

COMPLETION OF CAUSE 1 TYES 2 NO

H(SPITAL: ER/Outpetient	3	□ DOA	
	28a. DATE OF INJURY (Month, Day, Year)		28b. TIR	

4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED t TYES 2 NO

26. PLACE OF DEATH (Check only one)

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

COROCK DITTY		IER: On the beals of		
SIGNATURE AND	TITLE OF CENTISH	2/2	lover	M

gation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Movim. Ony. 16

Musel temeri	10
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ross, Print)	

TOWERS BURNIE, DR. RUSSELL DeLUCA - 1600 CRAIN HIGHWAY - SUITE 410-CRAIN 21061 MD. 31. DATE FILED (Month, Day, Year)

12 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner ea stated.

12 RECISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OR	DIR
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained	HE RINERAL DIRECTOR After this certificate has been sinned by the attending physician and completely filled in by the funeral director name 5 of
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	1. SOCIAL SECURITY	NUMBER 22/2	5. SEX /	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, De)	SIRTH y; Year)		B. BIRTN Country	PLACE (State of
	9a. FACILITY NAME (I	If not institution, give		01	THO.	96. CITY, T	DWN O	OR LOCATIO	ON OF DEA		15-19		RUS	SIA
OR			ENERAL HO	SPITAL				MBIA	011 01 01				HOWA	
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OMP	17. FATHER'S NAME (F	First Middle (and)	4		TECHI	VICIAN		40 40000	VEDIO ****	E (Elex	PHOT		PHY	
ECC	IN TAITIER S RAME (F	not, MILLIE, LEST)		KEYSER				18. MOTI	DOB.	NE (First, Middle Λ	e, Maiden Si	umame)		
0	19a. INFORMANT'S NA	AME (Type/Print)			19b. MAILING	ADDRESS (Street a	nd Number		A. oute Number, C	Olly or Town,	State, Zip	Code)	
2	MR.SOLOM	ON KEYS	ER		7332	EDEN	BRC	OK D	R, #10	011:	COLU	MRTA	_ MD	2104
	20a. METHOD OF DIS	emation 3 - Rei	movel from State		CE AND DATE	OFDISPOSITI				DATE	20c. LOC/	ATION —		
	4 Donation 5 21. SIGNATURE OF FU		NENGEE	BAI	CIO.HE		Ne al	10 ADDDE	12-	16-93	B	ALTI	MORE	, MD
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL	FUNERAL within 72	TANT: H
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1. DECEDENT'S NAME (First, I				CERTIF			DEA		2. DATE OF	REG. NO.		YEAR	3. TIME OF DEATN	
		Franklin		LARS	EN •	Sr.			12	18	5:44 A.			
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH De 21 1	928	B. BIRTHE	PLACE (State or Foreign	
219 22 7537	ate at	1 M 2 F	0-4	YRS.										
Franklin RESIDENCE OF DECI	Sq.				9b. CITY							altimore County		
	İtimore		10c. CIT	ber 1	OR LOCAT	live	r	-13			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 434 G	rovet	horn Rd.	31 ID			101.	ZIP CODE	2122	0			EN OF W	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2				city Cube	n, Mexica	n, Puerto Ric	(Specify Yes o	or No—	14. RACE Black, Specify	- American Indian, , white, stc.	
15. DECE (Specify only	DENT'S EDU		16a,	DECEDENT'S					16b. K	IND OF BUSI	NESS/INDU	STRY		
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17. FATHER'S NAME (First, MIC	eph	Kern	71	W.			18. MOTH	TET	Ilah	Leach	umame)	П		
194 INFORMANT'S NAME THE	Lars	en, Wife		196 MAHIN	ADDRES	s (Simon a)	nd Number	or Rural I	Baito	Chy on Name.	2122	Code)		
21. SIGNATURE OF FUNERAL	Specify)	-		red H	22.	NAME AN	D ADDRES	SS OF FA	12/2	1,,			8 00.,	
21. SIGNATURE OF FUNERAL	SERVICE LIC	a. Acute DUE TO Anoxi	Coused the	death. Do ine. ardial sequence of Tach sequence of n Inj	Inf	NAME AN Bruze 1407 The mod	D ADDRES dzins East de of dyl	ss of fa skd tern lng, suc	Eury Funer Ave h as cardia	al Hom Balt	PA	MD 2	21221 Approximate Interval Betw	
27. SIGNATURE OF FUNERAL 27. PART I. Enter the dis- ahook, or he- iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events	SERVICE LIC	a. Acute DUE TO Anoxi c. DUE TO	Myoca OR AS A CON- C Brai OR AS A CON-	death. Do ine. rdial sequence of Tach sequence of n Inj sequence of	Inf. ycar ycar ury	NAME AN Bruze 1407 the moor arct: dia,	East de of dy	ss of FA Ski tern lng, suc	Funer Ave a has cardia	al Hom Balt	ne PA	MD 2 vat,		
27. SIGNATURE OF FUNERAL 27. SIGNATURE OF FUNERAL 28. MART I. Enter the disabook, or he iMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO	seases, or art failure.	Acute DUE TO (Anoxi DUE TO (DUE TO (Anoxi DUE TO (DUE TO (Anoxi DUE TO (Anoxi DUE TO (Anoxi DUE TO (Anoxi Anoxi But To (Myoca OR AS A CON- C Brai OR AS A CON-	death. Do ine. rdial sequence of Tach sequence of n Inj sequence of	Inf. ycar ycar ury	NAME AN Bruze 1407 r the moor arct: dia,	D ADDRES dzins East de of dys ion Vent	ss of FA	Funer Ave a has cardia	al Hom Balt ac or reapire	ne PA	MD 2 vat,	Approximate Interval Betwoon Onset and Driver	
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9000 Franklin Square DRive

Ghassaw Mounddine MD
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ghassan Noureddine, MD

DEC 211

Baltimore 21237

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31. DATE FILED (Month, Day, Vac)

DEC 211993

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	FOR 1 - STATE REGISTRAR	STATE OF M.			TMENT				MENTAL	HYGIEN REG. NO.	_	93	370	7
	1. DECEDENT'S NAME (First, Middle, Last) ELIZA	-LOYD							2. DATE	OF DEATH	W.	993	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER 213-30-3251	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH 34 Day, Year) 34		8. BIRTHE	LACE (State or Fi	oreign		
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. CO	UNTY OF DE	ATH	
P.	Sinia Hospita	1			В	alt	imor	e	-		L			
DIRECTOR	10a. STATE 10b. COUNTY				T + 1							741	10d. INSIDE CITY	
	10e. STREET AND NUMBER	STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF N								1 X YES 2	NO			
FUNERAL	2900 Woodland	000 Woodland Ave. 21215 USA												
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		13.	WAS DECE If yes, spe- 1 (YES	NDENT O	F HISPAN n, Maxicai Specify	IIC ORIGIN n, Puerto R	? (Specify Yes lican, etc.)	or No-	14. RACE Black, Specifi	- American Indi White, etc.	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(GI	ve kind of	USUAL Or work done	CCUPATION during mos	N t of workin	g	16b.	KIND OF BUS	BINESS/IN	HOUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) George Jackso	n								Jack				
2	19a. INFORMANT'S NAME (Type/Print) Anthony Lloyd									er, City or Town		,,	1015	100
	20s. METHOD OF DISPOSITION		20h PLACE	NDDATE	OF DISPOS	ITION /Nen	ne of		DATE	alto.	CATION -	City or You	1215 Vings	261 2 4
	1X Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 6 ☐ Other (Specify)		Garr	1801	ther place)	rest	t Ve	et.	Cem	. 12/	23/	93 M	wings arylan	q MIII
	21. SIGNATURE OF FUNERAL BERVICE LI	The	t.			ROY							L HOME	
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications that List only one caus	csused the de	eth. Do	not snter	the mod	le of dyl	ng, suci	h ss csrd	liac or respi	ratory s	rreat,	2120	dp.
	IMMEDIATE CAUSE (Finsi disease or condition	BO	AIN H	FRN	LAT	ON							Onset sn	
	resulting in death)	DUE TO (OR AS A CONSEC	DUENCE O	F):									
NO	Sequentially list conditions,	SUB	ARACH OR AS A CONSEC	NO	ID L	HEM	ORE	MAR	AGE				36	MIS
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		REBRAI		ANUE	PRYS	m	Ru	PTU	RE			361	ws
RTIFICATION	that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONSEC	DUENCE O	NF):									
G	PART II. Other significant condition	d.	lasth hut sat s		In the con	ad and also		6 6.	m. a.t. T				+	
PHYSICIAN: MEDICAL	- Star symbolic Columb	s contributing to t	reach but not n	estiming	III (ne ur	ideriying	ceuse g	jiven in		24s. WAS AN PERFOR	MED?		WERE AUTOPSY F AWAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2 _	TO
IAN:	25. WAS CASE REFERRED TO MEDICAL					26, PL/	ACE OF DI	EATH (Chi	ack only one	e)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER	R:			6 🗆 Other					
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF I (Month, Day		26b. Till IN	ME OF JURY M	28c. INJU WOF 1 Y] NO	28d. OE\$	CRIBE HOW I	NJURY O	CCURED		
	3 Suicide 6 Could not be determined		INJURY — At horte. (Specify)	me, ferm,	atreet, fact	lory, offica			28f. LOCA City o	ATION (Street a or Town, State)	and Numb	er or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	CIAN: To the best of m											and manner as :	itated.
TO BE C	29b. BIGNATURE AND TITLE OF CERTIFIE	My.					29c. LICE	NSE NUM	ABER			2-19-	(Month, Day, Year)	
	MADHU JAIN	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type	Print)	SPIT	CAL		BAL	TINCO	NE	M)	

DHMH-16 Rev 1/89

AT IN A () I Saltisore; Sints Hompital =TOSISISS 2900 Woodland 21215 .svA Leona H. Jackson 2900 Woodland Eve. Balto. Md. Carrison Forest Vet. Cem. 12/23/93 Haryland LEROY O. DIEST & SON FUNERAL HOME-4600 LIBERTY BENGHTS AVE BALTO. ND Service Manual March SERVINE HENCE WHEE

TO BE COMPLETED BY FUNERAL DIRECTOR

mount mounts driet death. Page 6 may be retained by the hospital of attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	smation, or removal.	nt, the medical examiner must be notified at once.
ID THE MUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

LEVINDALE
31. DATE FILEO (Month, Day, Year)

FOR STATE REGISTRAR	STATE OF M	MARYLAND / DEF			EALTH AND I	MENTAL HYGIEN REG. NO	_	93 37018
1. DECEDENT'S NAME (First, Middle, Last)	10	nben	9			2. DATE OF DEATH	my/	YEAR 3. TIME OF DEATH 50
4. SOCIAL SECURITY NUMBER 216-01-0850	5. SEX	6. AGE (In yrs. last birtho	MONTHS	DAYS	F UNDER 24 HRS. HOURS MIN.	1910	B. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
99. FACILITY NAME (If not institution, give I.EVINDALE	street and number)		9b. CIT		R LOCATION OF DI	EATH	9c. COUN	TY OF DEATH
								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3615 FORDS LANE				101	21215			EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	13.		city Cuben, Mexica	NIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) He. Do N	of work done of use retired.)	during mo	st of working	16b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last) MAX	2	LEMBERG	ROLE	DIATS	16. MOTHER'S NA	AME (First, Middle, Maiden		MARYLAND KRIEGER
19e. INFORMANT'S NAME (Type/Print) DR. MORTON KRIEG 20e. METHOD OF DISPOSITION 14. Burlel 2 Cremation		20b. PLACE AND of cemetary, cremi	210 P. DATE OF OIS	ARK I	HEIGHTS (Name	AVE, APT. 6	OO BA	Code) LTIMORE, MD 2121 lify or Town, State
21. SIGNATURE OF PURPAL SERVICE C	3m	ATTZ C	22	SOL 6010	LEVINSORESS OF FA	N & BROS., STOWN ROAD	BALT	IMORE,MD 21215
shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. PRO BI	OF AS A CONSEQUENCE	OCAF					Interval Between Onset and Death
Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CONSEQUENCE						
resulting in deeth) LAST	d						100	
PART II. Other algnificant condition A ORTIC		NOSIS A					RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C)	heck only one)		
EXAMINER? 1 YES 2 NO		☐ ER/Outpatient 3 ☐ Di	1.7	ursing Horr		6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, I	Pay, Year)	TIME OF INJURY		URY AT PRK? (ES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At home, fa , atc. (Specify)	rm, street, fa	ctory, offic		261. LOCATION (Street City or Town, State		or Rural Route Number,
one)		f my knowledge, death or						ed. e cause(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	= > 24/25	M ATTER PHYS	MICIA	67	29c. LICENSE NU			12.14-93

SET HTWAR AVENUE BALTIMORE MD 21215

REGISTRAN'S SIGNATURE

DHMH-16 Rev 1/89



The state of the s

Item9a 12-21-93 FilmG706 W.H. Per F/H

93 37019

	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIE		5	3701			
	1. DECEDENT'S NAME (First, Middle, Last MILTON	LEVI	NSON			2. DATE OF OEATH MONTH 12 1	7 93	/EAR	ime of OEATN			
	4. SOCIAL SECURITY NUMBER 216-32-5187	1 📉 M 2 🗆 F	(In yrs. lest birthday) 88 vrs.	F UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year) 3 29	8.		E (State or Foreig			
TOR	9a. FACILITY NAME (If not institution, give			DUNDA	LK	DEATN	BALTI	MORE				
DIRECTOR		BALTIMORE	16c. CITY	DUNDAL	100.00							
FUNERAL	100. STREET AND NUMBER 6759 WOODLEY RO	AD, BALTIMORE	,MD.		e 212	22	2 10g. CITIZEN OF US					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 V NO	If yes,		ANIC ORIGIN? (Specify can, Puerto Rican, atc.)	Yes or No 14	Black, Whi	merican Indian, Re, atc. WHITE			
examiner mus	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		180, OECEDENT'S L (Give kind of w life. Do NOT use PROPRII	ork done during r retired.)	TION nost of working		ANDY AN		ACCO			
	17. FATNER'S NAME (First, Middle, Lest) ABRAHAM	LEVINS			18. MOTNER'S N	IAME (First, Middle, Maid NA	en Surneme) HILL					
	190. INFORMANT'S NAME (Type/Print) MRS. MYRA WEIR		19b. MAILING 6759	WOODLE	t and Number or Aura	UNDALK, MD	Town, State, Zip Co. (21222	ode)				
	MRS. MYRA WEIR 6759 WOODLEY ROAD, DUNDALK, MD. (21222) 208, METNOD OF DISPOSITION 1A Pauriel 2 Cremetlop 3 Removal from State 1 Commence of Commence											
	21. SIGNATURE OF TOWERAL SERVICE	Im	ad the deeth. Do no	SOL 6010	REISTER	& BROS. I	BALTO.	,MD.(
	ahock, or heart failting	sArterioscle	each line.	diovas					Interval Bet Onset and I			
MION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events resulting in death) LAST	DUE TO (OR AS										
MEDICAL CERT	PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underly!	ing couse given in	PERF	AN AUTOPSY FORMED? 2 1 NO	24b, WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 N				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER.	PLACE OF DEATH (C	Check only one)						
	27. MANNER OF DEATN 1. Natural 5 Pending	1 Inpetient 2 ER/Ou 28a. OATE OF INJURY (Month, Day, Year)		OF 26c. ff	NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	REO				
TED BY	2 Suicide S Could not b determined	28a PLACE OF IN ILIE	IY — At home, ferm, st ecify)	treet, factory, of	fice	281. LOCATION (Street, Street,	et and Number or ste)	Rural Route	Number,			
COMPLET	Control of the contro	SICIAN: To the best of my kno							manner ee stat			
BE CC	294 SIGNATURE AND TITLE OF CERTIF	A	18		29c. LICENSE NI	UMBER	29d. DATE S		oth, Day, Year)			
2	NAME AND ADDRESS OF PERSON V		SEATH-(ITEM 27) (Type,	Print)	O.C.M.	timore M:						

DHMH-16 Rev 1/89

		, Middle, Last)						E OF DEATH	YEAR	3. TIME OF E
	MARCUS		hawn			McCOWAN	12		93ª	10:13
	4. SOCIAL SECURITY NUMB	1/33	5. SEX 0. AC	GE (In yrs. lest birtho	MONTHS	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	Counti	
	9a. FACILITY NAME (If not int	etitution give	11	31 "		r, TOWN OR LOCATION OF	Feb		COUNTY OF D	Marylan
E .	593 BAKER ST		and the name of			LTIMORE CIT		30.0	JOONTT OF D	/EATH
DIRECTOR	RESIDENCE OF DEC	EDENT					_			
RE	10e. STATE	10b. COUNT	Υ		. CITY, TOWN				10d, INSIDE LIMITS?	
	Maryland 10e. STREET AND NUMBER				Baltin	101. ZIP CODE		100	CITIZEN OF Y	WHAT COUNTR
RA									US	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT EVE	ER IN U.S. ARMED		WAS DECENDENT OF HISP			- 14, RACI	E — American
BY F	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1 Y			If yes, specify Cuban, Max 1 YES 2 NO Spe		Rican, etc.)	Spec	
ED B		EDENT'S EDU	ICATION .	Las DECEDE	1	ACCUPATION .	1	. Vana or milaurea		B1.ac
	(Specify only	y highest grade	e completed)	(Give kin	NT'S USUAL O of of work done OT use retired.)	during most of working	16	b. KIND OF BUSINESS	INDUSTRY	
PLE	Elementary/Secondary (0		College (14 or 5+)		Drafts	man		City of	F Balt	imore
COMPLET	17. FATHER'S NAME (First, Mi						NAME (First,	Middle, Malden Surnem		ZINOZO
E	Charles Lew						bara			
TO BE	19a. INFORMANT'S NAME (7)					S (Street and Number or Flur				0.15
2	Barbara McC		1			go Avenue		timore, N		
IS N	1X Burial 2 Cremetio	on 3 🗆 Ham		20b. PLACE AND D. cemetery, cremetory	y or other place;	1	DA			
Jel Jel	21. SIGNATURE OF FUNERAL		CENSEE	King Me	22.	NAME AND ADDRESS OF	FACILITY P	24 Balti	neral	Homos
ехашие	1 hours	10	· KO	Di-	2	2501 Gwynns Baltimore, N	Fal.1.5	Parkway	ierai.	nones,
II, ine medical	shock, or h	øart fallure.	complications that ceu List only one cause o	used the death. on each line.	Do not sate	r the mode of dying, s	daryla uch ss cs	and 21216	o srrest,	Interv
event, ine	shock, or H	lons, diete	S. DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE	Do not sinter GE OF):	r the mode of dying, s	Mary I.a	and 21216	r srrest,	Interv
of injury, or other traumatic event, the	shock, or he IMMEDIATE CAUSE (Findisesse or condition resulting in desth) Sequentisity list condition if any, leading to immeduate. Enter UNDERLYI	dons, diete ing	b. DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE	Do not sinter GE OF): CE OF):	r the mode of dying, s	uch ss cs	24a. WAS AN AUTOP PERFORMED?	r srrest,	Appro Intervi
MEDICAL CERTIFICATION	shock, or fit IMMEDIATE CAUSE (Find disesse or condition resulting in desth) Sequentially list conditi If any, leading to immediate. Enter UNDERLYI CAUSE (Disesse or injuit that initiated svents resulting in deeth) LAS	dons, disterning in the conditions of the conditions in the condit	b. DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE	Do not sinter GE OF): CE OF):	r the mode of dying, s	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 - NO	r srrest,	Intervi Onset
MEDICAL CERTIFICATION	shock, or figure shock,	dons, disterning in the conditions of the conditions in the condit	b. DUE TO (OR A	AS A CONSEQUENCE	Do not sinter GE OF): CE OF): CE OF): OTHE	r the mode of dying, s nderlying ceuse given 28. PLACE OF DEATH	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	r srrest,	Intervion Onset
, or item 23 shows any injury, or other traumatic event, the HYSICIAN: MEDICAL CERTIFICATION	shock, or he immediate cause (Findisesse or condition resulting in desth) Sequentisity list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disesse or injust that initiated events resulting in deeth) LAS PART II. Other significs	dons, disterning in the conditions of the conditions in the condit	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE AS A C	Do not sinter GE OF): CE OF): CE OF): CE OF): OTHE OA OTHE OA OTHE	r the mode of dying, some service of dying, s	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	PSY 24b	o. WERE AUTOP AMILABLE PION OF DEATH?
KED, OF ILEM 23 Shows any Injury, of Other Caumatic event, the PHYSICIAN: MEDICAL CERTIFICATION	shock, or fit immediates and condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injust that initiated svents resulting in deeth) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ions, diete ING	b. DUE TO (OR A	AS A CONSEQUENCE AS A C	Do not sinter GE OF): CE OF): CE OF): OTHE	r the mode of dying, s nderlying ceuse given 28. PLACE OF DEATH	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	PSY 24b	D. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2
MARKED, OF 116M 23 Shows any injury, or other traumatic event, me BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or figure shock,	lons, diete ING III Condition	B. DUE TO (OR A AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE TO Utperlent 3 Description 28b TO Utperlent 3 Description 28b TO Utperlent 3 Description 3 Descripti	Do not sinter CE OF):	28. PLACE OF DEATH R: rsing Home 5 A Residence 28c. INJURY AT WORK? 1 YES 2 NO	in Part I.	24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO NOT (Specify) ESCRIBE HOW INJURY BJECT HANGE CATION (Street and Nutr	PSY 24b OCCURED GED SE	D. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 VES 2	
28 is marked, or item 23 shows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or figure 1 shock, or figure 2 cause. Find disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injusting that initiated events resulting in deeth) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8	ions, disternal in the condition of the	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE AS A CONSEQU	Do not sinter CE OF):	28. PLACE OF DEATH R: rsing Home 5 A Residence 28c. INJURY AT WORK? 1 YES 2 NO	in Part I. (Check only of the state of the	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO NOB. SECRIBE HOW INJURY	OCCURED OCCURED SED SE miber or Rural	D. WERE AUTOP AMILABLE PI COMPLETION OF DEATH? 1 VES 2
If item 28 is marked, or item 23 shows any injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or he immediate cause. (Findisesse or condition resulting in desth) Sequentisity list condition in the cause. Enter UNDERLY! CAUSE (Disesse or injust that initiated svents resulting in deeth) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFIER (Check only)	ions, diete iNG irry it. To MEDICAL Pending investigation Could not be determined	B. DUE TO (OR A AS A CONSEQUENCE AS A CONSEQU	Do not safe CE OF): 28. PLACE OF DEATH: R: rsing Home 5 X Rasidence 28c. INJURY AT WORK? 1 YES 2 NO ntory, office	in Part I. (Check only come 8 Ott SUE 284. Do SUE 285. Lo Critical Suits Suit	24a. WAS AN AUTOP PERFORMED? 1 YES 2 INC NOT (Specify) ESCRIBE HOW INJURY SIJECT HANGE CATION (Street and Nutry or Rown, State) B BAKER ST RUSS(a) and manner as	OCCURED OCCURED SE TREET Instant.	D. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2		
IANT: IT ITEM 28 IS MARKED, OF ITEM 23 Shows any Injury, of Other Davimatic event, the COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or he immediate cause. (Findisesse or condition resulting in desth) Sequentisity list condition in the cause. Enter UNDERLY! CAUSE (Disesse or injust that initiated svents resulting in deeth) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only) 1 CERTIFIER (Check only)	ions, diete ing investigation Could not be determined	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A 28a. DATE OF INJU 12-18-19 28a. PLACE OF INJ	AS A CONSEQUENCE AS A CONSEQU	Do not safe CE OF): r the mode of dying, so the mode of	in Part i. (Check only one 8 Other SUE 28. Co. 59.3 due to the country that the country that the sum of the s	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NC NO. YES 2 NC NO. YES 2 NC SCRIBE HOW INJURY BJECT HANG CATION (Street and Nur y or Town, State) BAKER ST BUBG(a) and manner as a and placa, and dual	OCCURED OCCURED SED SE TREET Instated. DATE SIGNED	D. WERE AUTOP AMILABLE PION OF DEATH? 1 VES 2 LIF Route Number,	
If item 28 is marked, or item 23 shows any injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or fit immediate CAUSE (Fin disesse or condition resulting in desth) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disesse or injust that initiated svents resulting in deeth) LAS PART II. Other signification in the cause. Enter UNDERLY! CAUSE (Disesse or injust that initiated svents resulting in deeth) LAS PART II. Other signification in the cause of the cause o	ions, diete ing investigation Could not be determined TIFYING PHYS	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A 28a. DATE OF INJU 12 - 18 - 19 28a. PLACE OF INJ building, etc. (BICIAN: To the best of my k ER: On the bests of examin	AS A CONSEQUENCE AS A CONSEQU	Do not safe CE OF): r the mode of dying, so the mode of	in Part i. (Check only one 8 Other SUE 28. Co. 59.3 due to the country that the country that the sum of the s	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NC NO. YES 2 NC NO. YES 2 NC SCRIBE HOW INJURY BJECT HANG CATION (Street and Nur y or Town, State) BAKER ST BUBG(a) and manner as a and placa, and dual	occured OCCURED FED SE TREET Instated. to the cause(D. WERE AUTOP AMILABLE PION OF DEATH? 1 VES 2 LIF Route Number,	

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DIVISION	

		DECEDENT'S NAME (First, Middle, Last)	RANCIS	CTED	LEN	Macc) [A		MO	TE OF DEATH		YEAR	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER		STEP		MC GF		IF UNDER 24 HRS.		EC. 20,	199		a.
		217-26-2669	1 X M 2 F	63	YRS.	7	DAYS	HOURS MIN.	(Mi	onth, Day, Year)		Country)	LACE (State or Foreign
3 should		90. FACILITY NAME (If not institution, give s	street and number)	03		9b. CITY, T	OWN O	R LOCATION OF D		g. 24 19	930 9c. COUNT	Y OF DE	Maryland
2	TOR	6304 Laurelton						more Cit					
020 physician. burlal-transit permit. Pages 1,	DIRECTOR	10s. STATE 10b. COUNT Maryland	Α		10c. CITY	тоwn оп Ва		more Cit	ty.				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
nsit permi	FUNERAL	106. STREET AND NUMBER	4 Laurelton	n Aver	nue		101.	ZIP CODE	2121	4		N OF WI	States
9 5 4	B	11. MARITAL STATUS 1 Never Merried 2 N Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 (X) Y IF YES, GIVE WAR O KOYEAN	YES 2	NO	111	yes, spe	ENDENT OF HISPAI ocity Cuben, Maxice 2 X NO Specif	n, Puer	GIN? (Specify Yee to Ricen, atc.)		I. RACE -	- American Indien, White, atc.
1215 or attend	TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. D	ECEDENT'S I Give kind of w le. Do NOT use	ork done du	UPATIO	N at of working	1	16b. KIND OF BUS	SINESS/INDUS	STRY	
AND 21 he hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Print		Re	t.		News	Post		
YLAND 2 by the hospital be detached for		17. FATHER'S NAME (First, Middle, Last)	ncis G. McG	Greal		-				t, Middle, Melden Minahan	Sumame)		
MARYLA retained by the 5 should be determotified at one	TO BE	19a. INFORMANT'S NAME (Type/Print) Myrtle A McGr	eal	3				nd Number or Rural	Route N				21214
. 2 8 4		20a. METHOD OF DISPOSITION 1 Burlet 2 □ Cremetion 3 □ Rem		20b. PLACE	E AND DATE O	F DISPOSIT	_	me of	D	ATE 20c. LOC	CATION — CIT	y or Tow	n, State
Page 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG			on Pa		ME AN	12/22/9 D ADDRESS OF FA	_				Maryland
BALTIMORE after death. Page 6 may by the funeral director, page moval.		> milton	Milton J	erill	T.			rd J. Ru		Baltimo 5			
within an nours aft pletely filled in by 1 cremation, or remo		23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	0	OSC	leut	c (ne mod	da of dying, suc	h ss c	ardiac or respi	ratory arres	st,	Approximate interval Batwe Onset and Dec
O.O. BOX 68 1 certificate be execunding physician and Hygiene prior to bur	TIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR /										
RECORDS requires that the d ren signed by the of Health and Mei	MEDICAL	PART II. Other eignificant condition Though Emply	n Depend	th but not	rasulting in	the under	riying Les	we li	Part I.	24e. WAS AN PERFOR	MED?	0	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
TAL The lan the has are Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient	3 🗆 DOA	OTHER:		ACE OF DEATH (Ch					
O SH Ship is	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	ear)	28b. TIME INJU	JRY M		RK? ES 2 NO	28d. [DESCRIBE HOW IN	NJURY OCCU	RED	
DIVISION OR ATTENDING I DIRECTOR: After hours after death	TE	3 Suicide 6 Could not be determined	28e, PLACE OF INJ building, etc. (IURY — At h (Specify)	ioma, farm, si	reet, factor	y, offica			OCATION (Street a ity or Town, Stete)	and Number or	Aural Ro	ite Number,
A SA	MPL		ICIAN: To the best of my k										and menner as stated
124	E CC	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LIGENSE NUI	ABER		29d. DATE S	SIGNED (Mogth, Day, Year)
G) all and	0 8	(de				•		019	947	25	► 12	150	193

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

INJURY OCCURED and Number or Rural Route Number. 1 CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Mooth, Day, Year)

12/20/93 DHMH-16 Rev 1/89

Russell Morgan Building

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

93 37021

a. M

Approximate interval Batween Onsat and Death



Edward M. Miller

DEC 2 1 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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289	Section of
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and the second s
<u>S</u>	0.00
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	2000

	1. DECEOENT'S NAME (First, Middle, Last)							ATE OF OEATH			3. TIME OF OEATH
	DONNA C. MacRAE							DEC. 19	AY	YEAR Q 2	6:20 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. 0/	ATE OF BIRTH fonth, Day, Year)			IPLACE (State or Foreign
	212-50-0433	1 - M 2X F	46	YRS.	MONTHS DAYS	HOURS MIN.		RIL 24,1	947		ERSBURG.W.V
000	99. FACILITY NAME (If not institution, give s 336 S. BENTALOU					OR LOCATION OF	OEATH			NTY OF D	
ECTOR	RESIDENCE OF DECEDENT	STREET			BAL	TIMORE			L		
DIRE	MADVI AND	Υ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER					TIMORE				17	1 TY YES 2 NO
FUNERAL	336 S. BENTALOU	STRFFT				Of. ZIP CODE			1 2		WHAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEOEN			13. WAS 01	21223 ECENDENT OF NISP	ANIC OR	IGIN? (Specify Yes		S.A	E — American Indian,
BY F	1 Never Married 2 XMerried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	МО	If yes,	specify Cuben, Mexi	can, Pue	rto Rican, etc.)		Black	k, White, etc.
		l cariou									WILLE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ECEDENT'S Give kind of a b. Do NOT us	USUAL OCCUPATION of retired.)	TION nost of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
IPL	Elementary/Secondary (0-12) 11TH GRADE	College (1-4 or 5 +		OOKEE	PFR			ACCOU	NTINO	TT S	RM
Š	17. FATNER'S NAME (First, Middle, Last)			CORL		16. MOTNER'S	NAME (Fil	rst, Middle, Meiden		, 111	ATT
BE (JOE COSTA, JR.					BI	ETTY	KERNS			
2	190. INFORMANT'S NAME (Type/Print) DAVID MacRAF.					and Number or Run					
-	20g. METHOD OF DISPOSITION					lou Stre					
	tal Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State			FDISPOSITION (1		CATION —		own, State
	21. SIGNATURE OF THE SERVICE LI	CENSEE	10	LIVIL I	22. NAME	AND ADDRESS OF	FACILITY		ALTIM	IUKE	
	190	1 0				RD FUNER					
	23. PART I. Enter the diseases, or	mic									
		complications that	t caused the de	eath. Do r	ot enter the n	node of dving, st	AVE	NUE-BAL	TIMOR	E, M	D. 21229
	ahock, or heert feliure.	List only one csu	t caused the de use on each line	eath. Do r	ot enter the n	node of dying, su	AVE:	Soldiec or reap	TIMOR	RE, M	Approximate Interval Between
	ahock, or heert feliure. IMMEDIATE CAUSE (Finsi diseese or condition	List only one cau	t csused the deuse on each line	eath. Do r	not enter the n	node of dying, su	AVE	Serdiec or reap	TIMOR	RE, M	Approximate Interval Between
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DIRECTOR

FUNERAL

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BE notified

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medical

other traumatic event, the

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HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

TIEGISTIVAT				-11111	ICALE	OF	DEAL		HEG. NO.					
DECEDENT'S NAME (First, Middle, Last)		Myrtle	Marie		Met	cali	2		2. DATE OF DEATH MONTH DA 12-18-199	33	YEAR	3. TIME OF DEATH 11:45 P		
SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HI		24 HRS.	7. DATE OF BIRTH		a. BIRTH	IPLACE (State or F	oreign		
212-74-2427		1 🗆 M 2 💢 F	97	YRS.	MONTHS	DAYS	HOURS	MINI.	(Month, Day, Year) 9-10-1896	Countr	Maryland			
Meridian Nursing			s Ln.			more		EATH	nne Arundel					
ESIDENCE OF DECE	EDENT							•						
De. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TON					10d, INSIDE CITY		
Maryland Anne Arundel							yn Park)			LIMITS?				
De. STREET AND NUMBER				10f, ZIP CODE					10o, CITIZEN OF V			WHAT COUNTRY?		

8 West Fourteenth Avenue 11. MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 X NO

21225 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cube

1 YES 2XX NO Specify White

16. DECEDENT'S EDUCATION (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade

1 Never Married 2 Married

3)(X) Widowed 4 Divorced

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker

Housewife and Mother

20c. LOCATION - City or Town, State

17. FATHER'S NAME (First, Middle, Last) George T. Stinchcomb

Ida Mae Parrish Stinchcomb

18. MOTHER'S NAME (First, Middle, Maiden Surname)

19m. INFORMANT'S NAME (Type/Print)
Mr. Granville B. Metcalf, Jr.

196. MAILINO ADDRESS (Street and Number or Rural Adulto Number, City or Town, State, Zip Code)
126 White Oak Drive, York, Penna.

(IX) Buriel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

20b. PLACE AND DATE OF DISPOSITION (Name of DATE Cedar Hill Cemetery 12/22/93 Kevin E. Ecker

Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death)

Approximate interval Between

Onset and Death

Sequentially list conditions,

(OR AS A CONSEQUENCE OF)

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED?
	1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

27. MANNER OF DEATH

1 Natural 2 Accident

3 Suicide

4 Homicide

OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 26a. DATE OF INJURY

_		_				
ng	Home	5 🗆	Residence	6 🗆	Other	(Specify

26. PLACE OF DEATH (Check only one)

28b. TIME O 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER

3192

29d. DATE SIGNED (Month, Day, Year) 12-20-93

30. NAME AND ADDRESS OF PERSON OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Ho Lai Feng, M.D.

6 Could not be

606 Hammonds Lane, Baltimore, Maryland

32. RECOTRARYS SUMATURE 31. DATE FILED (Month, Day, Year)

TO THE FUNERAL D
TO THE FUNERAL D
De filed within 72 h
IMPORTANT: If IN

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at, orl Health and Mental Hygiene prior to burial, cremation, or removal.

nours after death. Page 6 may be retained by the hospital or attending physician.

executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

50.5

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 37024

	1. OECEDENT'S NAME (First, Middle, Last) COLLEEN	. MAN	IGANARO		611			2. DATE O	FOEATH	93 ^{ve}	3.	TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Is		IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE O			_	ICE (State or Fo	
Ħ	088-58-4787	1 🗆 M 2 💢 F	19	YRS.			URS MIN.		Day, Year)		Country)	w Yor	
CTOR	90. FACILITY NAME (If not institution, give a UNIVERSITY MARYLAND S	,	UNIT			WN OR LO	CITY	EATH		9c. COUNTY	OF OEAT	Н	
DIRECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT MD		0.1		Y, TOWN OR I							I, INSIDE CITY	
FUNERAL (10e. STREET AND NUMBER	ne Arund and Aven			asade	101. ZIP	21122	•	10g. CITIZEN OF			YES 2 TOUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. A	J.S. ARMEO 13. WAS OECENOENT OF HISPANIC OF 17 NO If yes, specify Cuben, Mexican, Put						or No- 14.	RACE — Black, W Specify:	American Indi	
PLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	('Give kind of a le. Do NOT us		JPATION ng most of	working	16b,	KINO OF BUS	SINESS/INDUST		wnite		
COMPL	12 1 Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (first, Middle, Last)												
BE	Frank P. Mang		Ab 1440	400000					Schu		her		
9	Frank P. Manga	anaro	1	96. MAILING 257						n, State, Zip Coo. dena,		211	
	20s. METHOD OF DISPOSITION 1 VBuriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		20b. PLACE cemetery, cr	EANDDATE	OF DISPOSITION	ON /Name o		DATE	20c. LO	CATION - CHy	or Town,	State	
	St be Stever	TH. Wil	terro	>	MC MC	ME AND AI	DDRESS OF FA	neral	Hom	e of	Pasa		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONSI	EOUENCE O	F):								
DICAL CE	PART II. Other algolificant condition	a. contributing to	deeth but not	reaulting	in the unde	rlying ca	use given in		24a. WAS AN PERFOR	RMED?	AW CO	RE AUTOPSY F MILABLE PRIOR MPLETION OF (
ME										curo-		DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Yes 2 \sum NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		OF OEATH (Ch						
ВУ РН	27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF I (Month, Da		28b. TIN		WORK?	AT 2 NO	29d. DE\$0	CRIBE HOW I	NJURY OCCUR	EO		
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, e	FINJURY — AI h	nome, farm,	street, factory	, offica				and Number or F	Rumil Route	Number,	
IE	4 Homicide determined building, etc. (Specify) 29s. CERTIFIER (Check only (Certified No. 2) Certified No.												
OMPLETED	(Check only		emination and/o	r Investigatio	296. LICENSE NUMBER 29d. DATE SIGNED 0 C.C.M.E.								
BE COMPL	(Check only 22 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CENTIFIE	ER: On the basis of axi	2							29d. DATE SH	GNED (Mo	onth, Day, Year)	
COMPL	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of axi	E OF DEATH (IT	EM 27) (Type	, Print)	E		•	21201	≥ 32/	GNED (Mo	onth, Day, Year)	

blh FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37025

		(First, Middle, Las	11)					2. DATE	OF DEATH	-	EAR 3.	TIME OF DEA
	Bruce	Wil	liam	M	laddox,	Jr.			2 17	199		0035
	4. SOCIAL SECURITY I		5. SEX 1½ M 2 🗆 F		rs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH (h, Day, Year) 2, 19:	35 7	BIRTHPLA Country)	CE (State or F
_	9a. FACILITY NAME (#	not institution, give				96. CITY, TOWN	OR LOCATION OF				OF DEATH	1
DIRECTOR	RESIDENCE OF			291			apolis			Anne	Aru	
	MD		e ARunde	1		polis	ATION					LIMSIDE CIT LIMITS? XYES 2
FUNERAL	65 A Si		a Road			1	21401	'n	10	g. CITIZEN	USA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 3 Wildowed 4		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	S. ARMED	If yes, s	ECENDENT OF HISP/ ipecify Cuben, Mexic ES 2 NO Spec	en, Puerto		14.		American Indiana. Whit
ETED		DECEDENT'S El		16	e. DECEDENT'S U	USUAL OCCUPAT rork done during n e retired.)	TION nost of working	160	. KIND OF BUSINES	SS/INDUS	TRY	
APLE	Elementary/Second	ary (0-12)	College (1-4 or 5+)	Ca	ashier				Exxon			
BE COMPL	17. FATHER'S NAME (FA Bruce W		ox Sr.						Middle, Melden Surn Nearn	eme)		
TO B	190. INFORMANT'S NA Ginger I				65A S	ADDRESS (Street	nna Roa	d, A	nber, City or Town, St.	its,	MD	2140
		mation 3 🗆 Re	emoval from State	cemeter	ACE AND DATE OF	her place)		1 2 /	-			
	1 Burlel 2 Cremation 3 Removal from State											
	23. PART I. Enter ti shock, IMMEDIATE CAUSE disease or condition	or neart railur (Final	or complications that e. List only one caus	caused the	line.	ot anter the m	Ridgely node of dylng, su	A V C	Annapediac or respirato			interval
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DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL	HYGIENE REG. NO.
1. 0	DECEDENT'S NAME (First, Middle, Last)	14	2. DATE C	F DEATH

	1. DECEDENT'S NAME (FIN	st, Middle, Last	Myer	<						2. DATE O	OF DEATH	13 6	YEAR 2	3. TIME OF DEATH 5 59 PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		8. BIRTHP	LACE (State or Foreign
	578-96-37	66	1 M 2 1 F	9	1 YRS.	MONTHS	BYAC	HOURS	MIN.	3 - I	Day. 6 ar.		Ball	o. MD
	Sa. FACILITY NAME (If not	institution, give	atreet and number)			9b. CITY, T	OWN 0	R LOCATI	ON OF D	EATH	-	9c. COUN	TY OF DE	ATH
OR	Francis So	cott	Key			Balt	im	ore				N	/ A	
DIRECTOR	RESIDENCE OF DE	106. COUN	TY		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY
DIR	Maryland	100	N/A		Ba	ltimo	re							LIMITS?
AL	10e. STREET AND NUMBE	R			1 2 4.	2020	7	ZIP COO	E	10g. CITIZE			ZEN OF WHAT COUNTRY?	
IER		Auren Nursing Home MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATE			21206					USA				
BY FUNERAL	1 Never Married 2			YES 2 XI	2 NO If yea, specify Cuban, Maxica			INIC ORIGIN? (Specify Yea or No— 14. an, Puerto Rican, etc.)			Specify			
	15. 06	CEDENT'S ED	UCATION	16a. DE	CEOENT'S	USUAL OCC	UPATIO	ON	_	16b.	KIND OF BUS		Blac	K
COMPLETED	(Specify of Elementary/Secondary	nly highest gree (0-12)	de completed) College (1-4 or 5	(G	16a. DECECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retind.)					-				
APL	HighSchoo		N/A		erta	ainer					N/A			
00	17. FATHER'S NAME (First,	Middle, Last)						200		AME (First, M		Surname)		
BE	Harry Col									Howa				
5	19a. INFORMANT'S NAME					ADDRESS (
	Consuella		ars			Emle			De			2121	_	
	1 Burlai 2 Cremat 4 Donation 5 Oth	tion 3 🗆 Re	moval from Stata	cemalery, cre	Tatory of	OF DISPOSIT	ON (Na	me of		12/2	3 Bal	to.	MD Tow	n, Slate
	21. SIGNATURE OF FUNER		ICENSEE			22. NA	ME AN	ID ADDRE	SS OF FA	ACH ITY		7.1		
	1 3V =	* HALO	ene OU	^						ral H		1	6 TO	21201
	23. PART I. Enter the	,		25.	eath Do									21201
	IMMEDIATE CAUSE (F disease or condition resulting in death)		a. DUE TO	1 1	Car	Men P):								Interval Between Onset and Death
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	ediata YING	с	OR AS A CONSE										
ERTIF	that initiated events resulting in death) LA	ST	d.	OR AS A CONSE	OUENCE O	PF):								
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Office										_	,			T YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF E	EATH (C/	heck only one)			
YSI	1 TYES 2 NO		1 Inpatient 2	☐ ER/Outpatient 3	_	4 - Nurein	-		esidence	6 🗆 Other				
ву Рн	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		Day, Year)		JURY M	1 \	URY AT RK? YES 2 [□ NO		CRIBE HOW I			
ETED	3 Suicide 6 4 Homicide	Could not be determined	building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factor	y, office			28f. LOCA City o	TION (Street a Town, State)	and Number	or Rural Ro	ute Number,
COMPLET	one)		SICIAN: To the best of											and menner as stated.
TO BE C	MAT MY	AUU .	MD	Surger	At	undin		29c. LIC	9104	MBER		29d, DATE	SIGNED	Monthly Day, Year)
L	SO NAME AND ADDRESS	MTIN I	PSKM	L 4940	E 25 K	e, Print)	ver	me	Bu	elto.	MD.		1	
	31. DATE FILED (Month, De DEC 21	1993	32. REGISTR	AR'S SIGNATURE									X.	
	020 07	1997	4	ARTIN VOICE	1								10.1	

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EHDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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7	J	J	-	V	See	1

	JOYCE	" Y		NORRIS	3		2. DATE OF I	6"15	1993 YEAR	3. 72560°pm	
	4. SOCIAL SECURITY NUMBER 220–40–8437	9. SEX 1 M 2 F	e. AGE (In yrs. les 52	YRS. MONTH	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Morith, De 01- 2	y, Year)	Count	HPLACE (State or Foreign ry) BAMA	
TOR	Saint Joseph Hos			9b. C	TOY	or location of b	i, Maryland			DEATH MOCO	
DIRECTOR	MARYLAND 106. COUN	/a		10c. CITY, TOW	PARK					10d. INSIDE CITY LIMITS? 1 XX YES 2 NO	
FUNERAL	100. STREET AND NUMBER 17207 YORK ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER I				10	21120				TTED STATES	
B	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DA			S 2 X NO If yes, specify Cuben, Ma					Blac	No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) TH			CEDENT'S USUAL the kind of work do Do NOT use retire	one during m		VALLEYVIEW FARMS				
E COMPL	17. FATHER'S NAME (FIRST, MIDDIN, Last) BERNARD ADAMS					18, MOTHER'S NA OBRA	CROMWELL		umame)		
TO B	HARRY E. NORRIS,	JR.				and Number or Aural , PARKTON,					
	20e. METHOD OF DISPOSITION 1			AND DATE OF DISI			DATE		GS MILLS,		
	H. INCHATURE OF PUNERAL SERVICE I	LICENSEE	1			C. MARCH FI		1 E. N	ORTH AVEN	UE	
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE								
	resulting in death) LAST										
N: MEDICAL	PART II. Other significant condition DIABETES MELLI PERIPHERAL VA	TUS				ng cause given in		. WAS AN AI PERFORM YES 2	ED3	AMAILABLE PRIOR TO	
Σ	PART II. Other significant condition	TUS	CLUSIVE	DISEASE	26. f	PLACE OF DEATH (C)	1 [PERFORM VES 2	ED3	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
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ED BY PHYSICIAN: M	PART II. Other significant condition DIABETES MELL PERIPHERAL VA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 6 27. MANNER OF DEATH 1 Intural 5 Pending Investigation 2 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 299. CERTIFIER (Check only one) 1 MEDICAL EXAMINER 2 MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER OR MEDICAL EXAMINER MEDICAL EXAMINER DIABETES MELL PROPERTIES NELL PRO	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D 28b. PLACE Of building, SICIAN: To the best of series o	EQUUSIVE INJURY — At ho etc. (Specify) my knowledge, de	DISEASE DOA OTHER OF INJURY Norme, farm, street, eath occurred at ti	28. Filer: Nursing Ho 28c. IN 4 1 factory, offi	PLACE OF DEATH (C) me 5 Residence IJURY AT ORK? YES 2 NO ice te and place, and due death occured at the	s Other (Sp 28d. DESCRII 28f. LOCATIO City or To	PERFORM YES 2 [Weclfy] BE HOW INJ N (Street annum, State) In distribution of the state of	JURY OCCURED d Number or Rural er as stated. due to the cause(1 YE\$ 2 No Route Number,	
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PERIPHERAL VASGULAR OCCUUSIVE DISEASE

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IAN K-SLEPIAN MO 1820 YORK ROAD TOWSONIND 218704

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

1 1	HELEN M	n AE C	DONNE	et.t.				2. DATE OF MONTH	D	AY 10 10	YEAR	3. TIME OF DEATH
1 1	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER 1 Y	EAR I	IF UNDER 24 HRS.	7. DATE OF		19,15		9:12 P. HPLACE (State or Fon
	219-40-8803	1 □ M 2 🖵 F	86	YRS.	MONTHS D	AYS H	HOURS MIN.	April	Day, Year)	1907	Count	(ry)
	9a. FACILITY NAME (If not institution, give	street and number)	- 00		9b. CITY, TO	WN OR	LOCATION OF D		- / ,		NTY OF D	W Jersey
CTOR	706 East Mc Ph	ail Road			Bel	Air				На	rfor	-d
<u> </u>	10e, STATE 10b, COUN	TY		10c. CIT	Y, TOWN OR L	OCATIO	N					10d. INSIDE CITY
AL DIRE	Maryland H.	arford			Bel Ai	_	IP CODE			L 100 CIT	IZEN OE I	LIMITS? 1 YES 2 X P WHAT COUNTRY?
FUNERAL		Phail Road				21	014			U	.S.A	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	K NO	If yo	s, specii	IDENT OF HISPA ty Cuban, Maxica NO Specia	in, Puerto Ric	Specify Yea an, atc.)	or No—	14. RAC Blac Spec Whi	,
윤	15. DECEDENT'S ED (Specify only highest grades)	UCATION de completed)	16a	DECEDENT'S	USUAL OCCU		of working	16b. K	ND OF BU	SINESS/INC		
COMPLET	Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5	+)	Home	se retired.)	ny most c	or working		Own F	Iome		
NO.	17. FATHER'S NAME (First, Middle, Last)					1	IS. MOTHER'S NA	ME (First, Mid	dle, Maiden	Sumame)		
1 1	John B	ealer					Mary	Gi	st			
TO BE	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and	Number or Rural			n, State, Zip	Code)	
٢	Carole E. Novak			Same	as #10)						
	20a, METHOD OF DISPOSITION 1 ◯XBurlel 2 □ Cremation 3 □ Re	moval from State	20b.PLA	CE AND DATE	OF DISPOSITIO	N (Name	ol	DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)		Cr	est La	wn Cem				Mar	riot	tsvi	lle, Mar
	· Earl x	. land	M	/_	Rucl	c To		ıneral			c.To	050 York owson,Md.
	IMMEDIATE CAUSE (Finsi	Chat only one can	ise of each				of dying, suc					Approxime Interval Be Onset and
TION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions,	e. Car DUE TO L. Care	dis- OR AS A COP		enor		y C					Interval Be
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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3. TIME OF DEATH 2230 8. BIRTHPLACE (State or Foreign Country)

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JE C		. STATE	10b. COUNT	Y			10c. CITY, TO	OWN OR L	OCATION					10d. INSIDE CITY
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00		FATHER'S NAME (First, A							16. MOTHER'S N					2 L
BE	_	Clifford		son							i 1.1.i			
9		Rodney Jo		n					reet and Number or Rura					MD 21202
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	-	SIGNATURE OF FUNERA		CENCEE		ID IVG	O 1. 110							Homes, Inc.
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32. REGISTRAR'S SIGNATURE

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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEATH REG. NO.	-	3. TIME OF OEAT
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	93	3703

1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	Stella	Eliza beth	PORT	ER		12/ 19		12.10
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	93 YRS.	MONTHS DAY		7. DATE OF BIRTH	1900	BIRTHPLACE (State or Foreign
СТОВ	90. FACILITY NAME (If not institution, give Franklin Sc	The second secon			N OR LOCATION OF DE		9c. COUNTY	of DEATH
DIREC	10a. STATE 10b. COUNT Bal	timore	10c. CI	SSOX	CATION			10d. INSIDE CITY LIMITS? 1 YES 200 NO
FUNERAL	100. STREET AND NUMBER 2011 Rocky	Point Rd.			101, ZIP CODE 21221		10g. CITIZEN	USA
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If yes	Specify Cuben, Mexica (ES 2 NO Specify		s or No.— 14	RACE — American Indian, Black, White, atc. Specify: White
MPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary(0-12)	UCATION te completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT	B USUAL OCCUP work done during pe retired.) OUSEW1:	most of working	16b. KIND OF BUI		TRY
E COM	17. FATHER'S NAME (First, Middle, Lest))lszew s ki			18. MOTHER'S NA	ME (First, Widdle Melden	Percel	1
TO B	100. INFORMANT'S NAME (Type/Print) Norbert Porter	, Son	196 MAILING 2007	Appress (Str	Point Rd.	Pourte Number, Chy or Tow	MD 212	21
	20e. METHOD OF DISPOSITION 2 Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	206. PLACE AND DATE	OF DISPOSITION	Mary	12/22/93	CATION — CITY Baltim	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSE	inke		AND ADDRESS OF FA	Cury Funeral Ho	me PA	
	23. PART I. Enter the diseases, or			140	7 Eastern	Ave. Bo	ltimor	MD 21221
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE O	0F):				
	PART II. Other algnificant condition	one contributing to death	but not resulting	in the underl	ving ceuse given in	Part I, 24e. WAS AN	AUTOPSV	24b. WERE AUTOPSY FIND
I: MEDICAL				unagii	y	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
HYS	1 YES 2 NO	1 Inpetient 2 ER/O		4 - Nursing I	iome 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	N HIPV COOL	DED.
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		JURY M 1	WORK? YES 2 NO	28f. LOCATION (Street	6	
ETED.	4 Homicide determined	building, etc. (S	Specify)			City or Town, Stete)		
COMPL	one) 2 MEOICAL EXAMIN	SICIAN: To the beat of my kn						ause(e) end manner ee stat
TO BE	29h. SIGNATURE AND TITLE OF CERTIFI	Mych	-		29c. LICENSE NUI	MBER SO	29d, DATE 3	19 (Month, Day, Year)
	36 NAME AND ADDRESS OF PINSON W Ado on the Color of the C	Chuls 132 REGISTRAR'S SI	406 E	aster	n Bl	vd Ba	clto	mo 212
	DEC 21 1993	gule their	an Phylise					

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be intained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DECEDENT'S MAME /El-						_						
	CECEDENT'S NAME (First, Middle, Lest) HEODORE (NMN) PENSMITH							9	2. DATE OF DEATH DA		YEAR 3. TIME OF DEATH	
THEODORE	(NMN)								12 20	-	93	3:00 A
4. SOCIAL SECURITY NUMB	ER	8. SEX		. last birthday)	IF UNDER	DAYS	HOURS &	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	PLACE (State or Foreign
213-03-5430		1 💢 M 2 🗆 F	92	YRS.					12-12-1901		MARYI	
9e. FACILITY NAME (If not in							OR LOCATION	OF DEA	ATH	9c. COUN	ITY OF DE	ATH
414 SHIPLES				1500	LI	NTHI	CUM			ANNE ARUNDEL		
10a. STATE	10b. COUNTY	,		10c. CIT	ry, TOWN (OR LOCA	TION					10d. INSIDE CITY
MD	MD ANNE ARUNDEL					ICUM	1					LIMITS?
10e. STREET AND NUMBER							1. ZIP CODE			10g. CITIZ		HAT COUNTRY?
414 SHIPLES	ROAD						21090	0		11.5	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT DE	HISPANI	C ORIGIN? (Specify Yes			- American Indian, White, alc.
1 Never Married 2	11/37/10	FORCES? 1					ecify Cubsn, it		, Puerto Rican, etc.)		Specify	<i>r</i> :
3 Widowed 4 Divo	rced										W	HITE
15. DECI (Specify onl)	EDENT'S EDU	CATION completed)	18e	Give kind of	work done	during mo	ON ost of working		16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		ille. Do NOT u								
9		NONE		MARINE	ENG	INEE	7		BOATIN			
17. FATHER'S NAME (First, MI WILLIAM		ENSMITH					MINI		NE (First, Middle, Maiden		IT? TM	
19e. INFORMANT'S NAME (7)		INDITETI								OBCI		
RUTH E. BRY			15.00						NTHICUM, M			
20e. METHOD OF DISPOSITI								LLL				
1 Buriel 2 Crematio	n 3 🗆 Rem	oval from State	cometer)	DON PA	of Dispos	EMET	eme or			LTIMO		
21. SIGNATURE OF FUNERA		ENSEE	1200	DON IA			ND ADDRESS	OF EAC		LITTE	JKE,	מט
		/-			S	INGL	ETON H	FUNI	ERAL HOME			
	1	5			1	SEC	OND AV	E.	S.W., GLEN	BUR:	NIE,	MD 21061
11		DOE 10	(OR AS A CO	TOPOOPITOR C	OF):				15131			
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BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

HERBERT

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(Month, Day, Year) MONTHS DAYS HOURS 1 X M 2 F MIN. 75 361-01-0434 YRS. 14 11 phods 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEMENT Pages 1, 2, 3 GLEN BURNTE 10b. COUNTY 10e. STATE 10c. CITY. TOWN OR LOCATION MARYLAND ANNE ARUNDEL GLEN BURNIE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit 7933 MYERS DRIVE 21061 ours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Merried 2 Married BY 3 X Widowed 4 Divorced for use as the FEB 42 - APR 45 WWII COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 6+) 12 detached N/A DRAFTSMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 GEORGE PIERSON notified at ANNA (UNKNOWN) BE page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 2 7933 MYERS DRIVE, GLEN BURNIE, MARYLAND 21061 CAROLYN BELL 2 12-45 20a, METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, ST. LUCAS CEMETERY 1993 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rober ams 1 SECOND AVE, S.W. GLEN BURNIE, MD 21061 has been signed by the attending physician and completely filled In by the 1 Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition concer of unknown letastatic event, reaulting in death) OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL amy Shows NIN tai PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h item HOSPITAL: OTHER: 1 TYES 2 NO 1 Inputient 2 - ER/Outputient 3 - DOA ing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked. 1 Natural 6 Pending 1 TYES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is COMPLETED 6 Could not be 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner se stated. TO THE MOSPITAL OF THE FIRE DISCUSSION TO THE PROPERTY OF THE PARTY TO (Check only one) MPORTANT: III 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 296, SIGNATURE AND TUTLE OF CERTIFIED APC. LICENSE NUMBER BE 00 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. GLENN F. ROBBINS /1600 CRAIN HIGHWAY, SW. #302/GLEN BURNIE, MARYLAND 21061

32. REGISTRAR'S SIGNATURE Sinter Putato

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

12

IF UNDER 24 HRS.

PIERSON

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 REG. NO. 2. DATE OF DEATH YEAR 93 7.50 PM 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign ILLINOIS 1918 90 COUNTY OF DEATH COUNTY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. WHITE 16b. KIND OF BUSINESS/INDUSTRY KLEIN TOOLS TOOL AND DIE COMPANY 20c. LOCATION — City or Town, State CHICAGO. SINGLETON FUNERAL HOME Approximata interval Between **Onset and Death** 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d DATE SIGNED (Month Day Year)

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	"Z hours after death with the State Lept, of Health and Merital Hydrehe phor to buhal, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked

1 - STATE REGISTRAR	4	STATE OF N	MARYLAND /	DEPART					MENTA	REG. NO	100) 0	37033
/ I Committee to the committee of the co	AME (First, Middle, Last) R (- S C	2	Sr				2. DATE OF OEATH MONTH 2 / 20 / 9 8				3. TIME OF OEATH 11 0 2 A M		
	20-8419		10 2□		PRI DIRTHORY) FUNDER 1 YEAR FUNDER 24 MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION				May	of stath th, Day, Year) 1 26,	1914	Pe	nnsylvani ^a
	Mercy Hospital Center RESIDENCE OF DECEDENT						.Ci	96. COU	MTY OF O	=			
Mercines Mercines Mercines Mercines Mercines Maryla 106. STREET AND IN 182							ty	Md.					10d. INSIDE CITY LIMITS? 1\text{YES} 2 NO
100. STREET AND I	3 Westph			10f. ZIP CODE 21230					10g. CITIZEN OF United			ted	States
3 Widowed 4	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					ARMEO 13. WAS DECEMBENT OF HISP/ If yes, specify Cuben, Maxic 1 □ YES 2 NO Specific Cuben, Maxic					s or No—		American Indian, white, atc.
Elementary/Sec	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11th.Grade Riveter 7. FATHER'S NAME (First, Middle, Last) (Ghe kind of work done during most of working life. Do NOT use retired.) Riveter 18. MOTHER'S NAME (First, Middle, Melden						Bethlehem St			ee1			
U1													
198. INFORMANTS	na M. Phi	11ips	19							, Balt		zio Code) d. 21230	
1 N Burial 2 🗆							and date of Disposition (Name of Park 12/23 Par						
21. SIGNATURE OF	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCUlly Funeral Home, 130 E.fort Av												
LA C	Event 1	1.1/6	aylor		M	cCU:	lly	Fun	era	1 Hom	e,13	O E	
23. PART I. Enter show IMMEDIATE CAL disease or conditions and in dear resulting in dear	or the disesses, or ck, or heart fellure. USE (Final dition with)	List only one cau	ise on each line	.	t enter	the mo	L1y de of dyl	Fun	era	1 Hom	e,13	O E	
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Mind while the second

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 37034

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	1. DECEDENT'S NAME (First, Middle, Les			DEAC	ONI	2. DATE OF OEATH		AY	93	3. TIME OF OEA 9:45	
			Millen_		REASON		12 15		.5		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		F UNDER 1 YEAR	R 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Countr	PLACE (State or F
	220-07-8090	1 ₹ M 2 □ F	7	2 YRS.	Unit o	DATE HOURS MIN.		21 19	21		Marylan
_	9a. FACILITY NAME (If not institution, give	· ·				R LOCATION OF O			9c. COUN	TY OF D	EATH
DIRECTOR	124 W.FRANKLIN STREET BALTIMORE CITY										
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	NTY		10c, CITY.	TOWN OR LOCAT	ION					10d. INSIDE CIT
SIR	Maryland				Baltimo						LIMITS?
AL C	10e. STREET AND NUMBER			Dal UIIIO			10g CIT12	EN OF W	WHAT COUNTRY?		
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	Elementary/Secondary (0-12)	College (1-4 or 5	tife	Do NOT use	retired.)						
MP	12th Grade			Boo	k Keepe					uri	ty Admir
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, M	fiddle, Maiden	Sumeme)		
BE	William H. Reaso	on						nerida			
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					04.7
	Mildred D. Ludle	OW			y Court			lallst			21133
	1 Burial 2 Cremation 3 Re	emoval from State	cemelery, crer	natory or other	F DISPOSITION (Na ler place)	ime of	DATE		CATION — C		
	4 Donetion 6 Other (Specify)	LICENSEE	_ Metro	Crem	atory	ID ADDRESS OF C	141	/ Ca	tonsv:	ille	MD_
	· Ma.			21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTLEY FUNERAL HO							
	-4011111				1 7501	Gurunne F	2110	Parka	77 67		
	23. PART i. Enter the disease, o shock, of heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ce	et ceuaed the de	RE	SNAL "	Gwynns F more, MD de of dying, auc	h aa cerd	Parkw 216 Nec or reap	ray iratory arre		Approxim Interval E Onset an
TIFICATION	shock, of heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Ck DUE TO	et ceuaed the de buse on each line.	REDUENCE OF):	enter the mo	Gwynns F more, MD de of dying, auc	h aa cerd	Parkw 216	ray		Approxim
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should nours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely fille rours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation,

		HILDA M. REDDISH December 19, 1993 5										
		4. SOCIAL SECURITY NUMBER 212-05-1503	5. SEX 6. AGE		t birthday)	MONTHS C	MYS	#F UNDER HOURS	24 HRS, MIN,	7. DATE OF BIRTH (Month, Day, Year) AUGUST 7,	1911	MARYLAND
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st GOOD SAMARITAN HO RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEA									
Pages 1,	ВЕСТО	10a. STATE 10b. COUNTY				r, TOWN OR		TON				10d. INSIDE CITY
permit. P	IC J	MARYLAND 100. STREET AND NUMBER			BALTIMORE 101. ZIP CODE						Las errores	1 X YES 2 NO
is.	FUNERAL	5207 WALTHER AVENU	JE				101		214		10g. CITIZEN	USA
5-UUZU nding physician. s the burial-fransit	B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 3N	NAMED 13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:				n, Mexicar	i, Puerto Ricen, etc.)	RACE — American Indian, Black, White, atc. Specify: WHITE	
r attend	ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Gr	ve kind of w	USUAL OCCI	JPATIO	ON st of working	g	16b. KIND OF BUS	SINESS/INDUST	
the hospital or attending detached for use as the once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ERICA					C & P	TELEP	HONE CO.
# 8 6 4	BE CON	17. FATHER'S NAME (First, Middle, Lest) CHARLES	McP0	LAND				18. MOTH		ME (First, Middle, Malden AE	Sumame) SIMS	
ay be retained page 5 should be notified	5	190. INFORMANT'S NAME (Type/Print) GILBERT REDDISH			5207	WALTH	IER	AVE	or Aural A	BALTIMORE,	MD. 2	1214
		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Densition 5 Other (Specify)	rval from State cen	netery, crer	natory or oti			me of	13		CATION — City	ACTUAL TOTAL
death. funera		DODANNO 5 OTHER (Specify) WOOD! AWN CFMETERY 12/22/93 BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY LEONARD J. RUCK INC.										
becuted within 24 hours and completely filled in burial, cremation, or re natic event, the med	ON	23. ABT I. Enter the diseases, or cahock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	DUE TO (OR AS A	rat	The UENCE OF	failu	a mod	de of dyli	ng, such	ROAD BALTI	ratory arrest,	Approximate interval Between Onset and Death 23 drays 64 drays
th certificate be ending physician I Hygiene prior I or other traus	CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
and and	MEDICAL	PART II. Other significant conditions	s contributing to death b	ut not n	esulting i	n the unde	rlying	cause g	lven in i	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
has been on Dept. or n 23 sh												
AN: The law dificate has b s State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3		OTHER:				ck only one) 8 Other (Specify)		
ATTENDING PHYSICIAN: The law requires th second services the service this certificate has been signed as effer death with the State Dept. of Health 28 is marked, or Nem 23 shows an	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	OF 26 JRY	c. INJU	URY AT		28d. DESCRIBE HOW II	NJURY OCCURE	D
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	9	3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. LOCATION (Street and Number or Rural Route Num City or Town, State)							ural Route Number,			
₹ 42 =	COMPLET		IAN: To the best of my know									
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	E C0	29b. SIGNATURE AND TITLE OF CERTIFIER	A STATE OF EXAMINATION	TI MINUZOF III	iveatigation	i, in my opin	ion, de	29c. LICE		or and a second second		NEO (Month, Day, Year)
E C S S H H M POR H H	<u>B</u>	ma	- M.	D.						#038	Dec Dec	(ms-19, 1993
		30. NAME AND ADDRESS OF PERSON WHO	T. MACAR	ATH (ITEM		,		60	go	JAMARIT	- 1 L	57.011
		31. DATE FILEO (Month, Day, Year) DEC 21 1993	32 REGISTRAB'S SIGN	ATURE	delle		j		-	,,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	TIN 17	1 /20

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The strain out of the strain
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37036 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RAI 331 PM 11 12 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 1 M 2 | F HOURS YRS IDRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 9b. CITY, TOWN OR LOGITION OF DEAT 9c. COUNTY OF DEATH exc DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 \(\) NO 150 a FUNERAL 10s. STREET AND NUMBER 10f. ZIP 10g. CITIZEN OF WHAT COUNTRY? CODE 0 ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cupari, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO 14. RACE If yes, specify Cube 1 Never Merried 2 A Men IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced ack COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY most of working (Give kind of work done during life. Do NOT use retired.) College (1-4 or 5+) notified at once. Trirst, Middle, Lest) 17. FATHER'S 16. MOTNER'S NAME (First, Middle, Maiden St. BE 19b. MAILING ADDRESS (Str 2 ě THOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crepatory of other place) must DATE n 5 [examiner 22. NAME AND ADDRESS OF FACILITY levay the medical 23. PART I. Ehter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heert feilure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death selve disease or condition resulting in death) -5 event. DUE TO (OR AS A CONSEQUENCE OF) tatic traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING or other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item EXAMINER? HOSPITAL: OTHER Monpatient 2 - ER/Outpatient 3 - DOA 5 - Residence 6 - Other (Specify) 0 27. NANNER OF DEATN 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE NOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO 2 Accident OR ATTENDING 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide llem 28 29e. CERTIFIER (Check ank) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring)

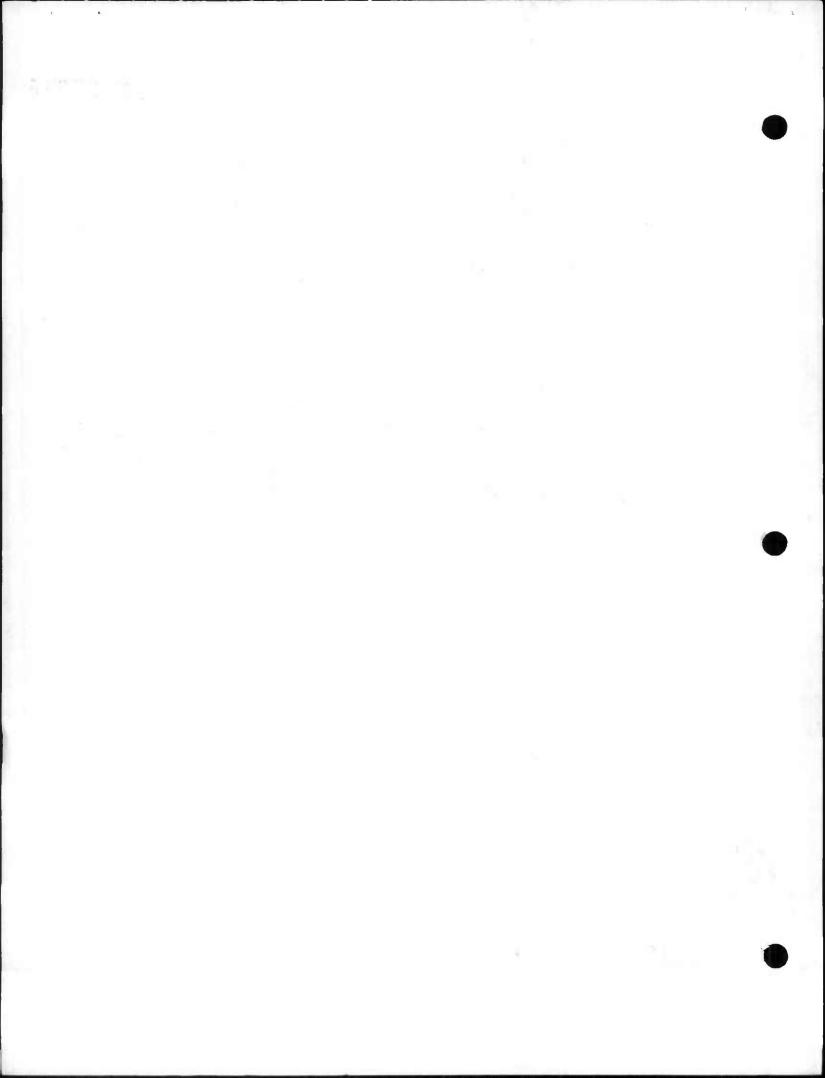
32" HEGINTBAR'S SIGNATURE

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whoms after death. Page 6 may be retained by the bospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director name 5 should be detached for use as the burdal connection and a second of the second	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA!	TO THE FUNERAL DIRECTOR: After this certifi	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle								2. DATE OF DEATH			3. TIME OF DEATH
	Sr. Irene Dol	orosa Reill	У						12/ 20	DAY C	93 YEAR	2:58 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	191-40-5423	1 🗆 M 2 💢 F	94	YRS.	MONTHS D	13	HOURS	MIN.	06/07/9	9	New	Jersey
_	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE			UNTY OF D	
6	St. Joseph Res	idence			Ha	leth	norpe			F	Ralti	more
<u> </u>	RESIDENCE OF DECEDE	COUNTY		144. 007	Y, TOWN O						74101	
DIRECTOR		altimore										10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	arcimore		Па	letho		f. ZIP CODE			_		1 YES 2 X NO
2	4100 Maple Ave	nue				10	2122					WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	MED	T 49. W	WC DE	the de tes tes		IIC ORIGIN? (Specify Y			States
臣	1 🔀 Never Married 2 🗌 Marrie	d FORCES? 1	MAR OR DATES	10	11	yes, st	ecify Cubar	1, Mexicer	n, Puerlo Rican, atc.)	a or No-	Black	E — American Indian, k, White, atc.
B√	3 Widowed 4 Divorced	ii Tea, Give v	MAN ON DATES		'	☐ YES	3 2 X) NO	Specify			Speci	" White
	15. DECEDENT (Specify only higher	'S EDUCATION st grade completed)	18e. DE	CEDENT'S	USUAL OC	CUPATI	ON		18b. KIND OF B	USINESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	e retired.)	unng m	ost of working	9				
AP	6+	n,a,		Reli	gious	6			Co	nvent		
8	17. FATHER'S NAME (First, Middle, L						18. MOTH	ER'S NAI	ME (First, Middle, Maide			
BE COMPLETED	Martin Joseph								lizabeth			
2	19a. INFORMANT'S NAME (Type/Prin	*							loute Number, City or To			
	Sr. Mary Cathe	rine Massei						, Ba	ltimore,	Maryl	and	21227
	20a, METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3	Removal Irom Stata	20b. PLACE A	matory or of	her niecel				DATE 20c. L	OCATION —	City or To	wn, State
	4 Donation 5 Other (Specification 21. SIGNATURE OF FUNERAL SERV		Mt.	01 i v	et Ce	met	ary		D	istri	ct o	f Columbia
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		1			ND ADDRES		nce Funera	1 Hou	mo D	7
	Hama	m Joan	urou	sly	4	001	Rito	hie	Hwy. Balt	imore	e. Mc	
	23. PART i. Enter the disease	s, or complications the	t caused the de	ath. Do n	Dt enter i	the mo	de of dyle	ng, such	ss cardiac pr res	piratory sr	rest,	Approximate
	IMMEDIATE CAUSE (Final	indrescript buly bue can	ise Dn each line									Interval Between Onset and Death
	disesse or condition resulting in death)	RPS	piran	FOU	-11	4	-01	10	re			
	10:500	DUE TO	(OR AS A CONSEC	DUENCE OF				, ,	,		1	
N	Sequentially list conditions,	Chror	7/C 0	p 57	TVU	ct	INP	DV	Umonar	40	1500	100
Ĕ	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE OF):				,	/		
CERTIFICATION	CAUSE (Disease or injury	c.	(OR AS A CONSEC	UENOE OF								
Ē	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEC	UENCE OF):							
B		d										
	PART II. Other significant con	ditions contributing/to	death but not re	suiting	the unc	derlying	g cause gi	ven in F			24b.	WERE AUTOPSY FINDINGS
MEDICAL	Connest	ive h	eart	1	911	V.	re		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	pvlman	Ary C	mbo	1/1	2_					i (Dito		DF DEATH?
	/											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIO			-			ACE OF DE	ATH (Chec	ck only one)			
S	1 WES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 Nas	idence 8	Other (Specify)			
E	27. MANNEY OF DEATH	28a. DATE OF (Month, Da		28b. TIME	OF :	28c. INJ			28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investig) [ay, roury	mac	М		YES 2	NO				
	3 Suicide 8 Could n	building.	F INJURY — A1 hor atc. (Specify)	ne, lerm, e	Ireal, facto	ry, offic	•		281. LOCATION (Street	and Number	r or Aural A	loute Number,
	4 Homicide determin	ied							City or Town, State	,		
2	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the beat of	my knowledge, des	th occurre	d at the tin	ne, date	and place,	and due 1	o the cause(a) and me	nner aa ete	ted.	
COMPLETED	one) 2 MEDICAL EX	AMINER: On the basis of an	xamination and/or is	rveatigation	n, in my op	Inlon, d	eath occure	d at the 1	lme, data and placa, a	nd dua to 11	he cause(a)	and menner as stated.
	296. SIGNATURE AND TITLE OF CER						29c. LICEN					(Month, Day, Year)
9 BE		+ 1	na				1)>	2	12/	1	23	olas
2)	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAU	E OF DEATH (ITEM	27) (Туре,	Print)		. 1	-	10		1	
	portan S	STM	artil	5	411	D	1/1	51	Vous	UP	0	2/229
	31. DATE FILED (Month, Day, Year)	32 MEGISTRA	R'S SIGNATURE	-		4			14 4 1 4 1	-	X	
N	DEC 21 199	Summe	Widdon-Man	delle								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DMON DEC 7. DATE OF BIRTH (Month, Del. Year 5. SEX 6. AGE (In yrs. last birthday IF UNDER 24 HRS. S. BIRTNPI ACE (State or For 5-22-2929 1 | M 2 | F DAVE BALT Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BA 1to MANOR RESIDENCE OF en tertown 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION ALTO for use as the burial-transit permit. FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12020 2/136 bac urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried II yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntery(Secondary (0-12) College (1-4 or 5 +) YUSE Vurs. rad. at nnie NES BE notified a 19b, MAILING ADDRESS (Street 0 498 20 to 2017 PLACE AND DATE OF DISPOSITION (Name of centrary commenced) and the colorests Andrews pe METHOD OF DISPOSITION 20e METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State must OATE 20c. LOCATION Cify or To on clamatory, other place in Donation 5 Other (Specify) lemoria the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS signed by the attending physician and completely filled in by the I Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiretory arrest, ehock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel Parchae disease or condition resulting in death) traumatic event, 1) feare Cardwonule Atherus cleev CERTIFICATION Sequentially list conditione, If any, lesding to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS 23 shows any 1 YES 2 NO MINE this certificate has been a with the State Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF OEATN (Check only one) HOSPITAL 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 e 8 - Residence 8 - Other (Specify) 27. MANNER OF GEATN 28e. OATE OF INJURY (Month, Day, Year) marked, 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO INFRAL DIRECTOR: After Ithin 72 hours after death 2 Accident 28e. PLACE OF INJURY — 3 Sulcide At home, larm, street, lectory, office 28 is 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, within 29b. SIGNATURE AND TITLE OF CERE BE 29d. DATE SIGNED (Month, Day, Year) # Piled 86 MI) Muco 40 12/20193

30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAB'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Day, Year)

DEC 21 1993

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37038

3. TIME OF DEATN

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AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

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Onset and Death

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04.0 c1 1993 Silveria Const

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DECEMBER 18,1993 RAYMOND L. ROTH 2:46 a.m. 4. SOCIAL SECURITY : 3319 S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 204-05-3309 DAYS XIX M 2 F 72 09-23-21 PENNSYLVANIA Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10a STATE 10h COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE TOWSON 1 YES XX NO permit. 10e. STREET AND NUMBER FUNERAL 101 7IP CODE 10g, CITIZEN OF WHAT COUNTRY? 7312 YORKTOWNE 21204 DRIVE U.S.A. detached for use as the burial-transit hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 offy Cuban, Maxican, Puerto Rican, etc.) 1 Never Married XX Married 1 TESX NO Specify BY 3 Widowed 4 Divorced WORLD WAR II WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) 2 YEARS SPICE COMPANY SALES MANAGER Duce. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Page 6 may be retained by the RAYMOND D. ROTH **ALMENA** SPANGLER V. 8 76 BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 NEVA I. ROTH (WIFE) 7312 YORKTOWNE DRIVE, TOWSON, MD. 90 20a METHOD OF DISPOSITION

M. Apurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must DULANEY VALLEY M.GAR. 12-21 4 ☐ Donation 5 ☐ Other (Specify) TIMONIUM, MD. 21093 examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. W. JENKINS S nours after death. ully 4905 YORK ROAD, BALTIMORE, MD. 21212 in by the 1 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between and completely filled o burial, cremation, or Oneet and Death IMMEDIATE CAUSE (Finel disease or condition_ DUE TO (OR A) CONSEDUENCE OF event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF) 2 If any, leeding to immediate cause. Enter UNDERLYING the attending physician I Mental Hygiene prior to death certificate be CAUSE (Disease or Injury that initiated events or other resulting in death) LAST Injury, 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t эшу XIX YES 2 NO OF DEATH? Shows 1 TYES XXNO L. of PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES XXNO 5 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Hatural marked. this with 5 Pending 1 YES 2 NO BY death OR ATTENDING Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: hours after Item 28 Is 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL IN THE FUNERAL (IN THE MATTION TO T HOSPITAL 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occursed at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	93
CERTIFICATE OF DEATH	REG NO	-

	1. DECEDENT'S NAME (First, Middle,	, Last)				2. DATE	OF DEATH			OF DEATH
	SCOTT	I.YLE		REACAN		12	1	0	YEAR	15 436
	4. SOCIAL SECURITY NUMBER	5, SEX 6	. AGE (In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	•	BIRTHPLACE (S Country)	State or Foreign
	214-1.1-4684 De. FACILITY NAME (If not inetitution,		d de ins.	9b, CITY, TOWN	OR LOCATION OF E	DEATH .	110/7		ARYLAND Y OF DEATH)
OR	NORTH ARIINDEL	HOSDITAL AC	COCT ATTOM							
DIRECTOR	NORTH ARUNDED RESIDENCE OF DECEDER 100. STATE 100. C	OUNTY		TY, TOWN OR LOCA	BURNIE			1		UNITY SIDE CITY
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FUNERAL	119 FURNLEA DI		DIED BLUG ADAMS		21060			U.S.		
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TED	15. DECEDENT (Specify only highes		(Give kind of	8 USUAL OCCUPATI work done during m	ION lost of working	168	KIND OF BUS	SINESS/INDU	STRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	CEDUTOR			,	000			
COMPL	17. FATHER'S NAME (First, Middle, La		1 SERVICE	E MANAGEI	18. MOTHER'S N		OOD Widdle, Maiden :	Sumame)		
ш	THOMAS EDWARD	REAGAN			PAULA	SUE F	ORDYCE			
TO B	190. INFORMANT'S NAME (Type/Print PAULA FORDYCE	0		O ADDRESS (Street						
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	FURNLEA I		LEN E			I.UOU ty or Town, State	
	1 X Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specify		cemetery, crematory or GLEN HAVE	other place) EN MEMORI	IAL PARK	1			NIE, MD	
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME A	ETON FUN	ACILITY				
	1 Famela	a. Hove	eller		OND AVE.			IE. MI	21061	
	IMMEDIATE CAUSE (Final	illure. List only one cause	on each line.		oda of dying, au	ch aa can	diec or reaple	ratory arres	it, Ap	terval Bel
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		FOR STATE REGISTRAR		STATE OF	MARYLA	ND / DEPA					MENTA	L HYGIEN	E	93	37041
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10		4. SOCIAL SECURITY MUMBER 059 52 6302	5	S. SEX XX	92° (11	n yrs. lest birthde YRS.	MONTHS	1 YEAR DAYS	HOURS	MIN.	7. DATE	of BIRTH	L901		PLACE (State or Foreign
2, 3 should	NO.	90. FACILITY NAME (II not institution Suburban Hosp	ital	et end number)					or Locati	ON OF DI	EATH			NTY OF DE	
Pages 1,	DIRECTOR	Maryland 106.		gomery		186	CkVII	Teoca	TION				11		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burial-transit permit, Pages 1,	FUNERAL	100. STREET AND NUMBER 6111 Montrose	Rd.				/	10	208		1	20			HAT COUNTRY? States
5 5	B	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Mildowed 4 Divorced		2. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 JNO		f yes, sp	CENDENT (pecify Cube S 2 1 NO	m, Mexica	n, Puerio	N? (Specify Yea Rican, etc.)	or No-		- American Indien, White, etc.
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by the hospital 5 be detached for at once.	1111	17. FATHER'S NAME (Flist, Middle, L Joseph Tarant							18. Mor	HER'S NA	ME (First, Rati	Middle, Meiden Lshnofs	Sumame)		·
be retained to 5 should e notified		194. INFORMANT'S NAME (Type/Print Louis Rib	(Son)		196. MAILH 8605	Grim	sby	ond Number	Pot	Aoute Nun	nber, City or Tow	n. Store, Zic 20854	Code)	
Page 6 may be director, page		20a_AFTHOD OF DISPOSITION 1 (4 Serial 2 Cremetion 3 (4 Donation 5 Other (Specific	y)			PLACE AND DAT					12-1			New New	york
death.		21. SIGNATURE OF FUNERAL SERV	RU	10				I		ears	chui	uneral ch, Va			
ed within 24 hours completely filled in al, cremation, or re event, the med		23. PART I. Enter the disease shock or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)	β, or con illure. Lie a	COM DUE TO	(OR AS A	CONSEQUENCE	5/ OF):	the mo	ode of dy	Ing, suc	h aa car	diac or reap	iratory sn	rest,	Approximate Interval Between Onset and Death Illumedite
cate be executhysician and e prior to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	DUE TO	OR AS A	CONSEQUENCE	OF):	llul	<u> </u>						198au
he atte Mental	8	PART II. Other significant con	ditions o	contributing to	death bu	t not resulting	in the un	derlyln	C CALLED	niven in	Part I	24n, WAS AN	ALITOREY	1 000	WERE AUTOPSY FINDINGS
v requires that been signed by t, of Health and shows any	AN: MEDICAL											PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
# # # # #	SICIA	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	H	IOSPITAL:	FR/Outon	tlant 3 🗆 DOA	OTHER	t:	LACE OF D						
NG PHYSICIA fter this certif eath with the marked, or	ву рну	27. MANNER OF DEATH 1 Matural 5 Pendin 2 Accident Investig	9	28e. DATE OF		28b. T		28c. IN.	JURY AT ORK? YES 2			SCRIBE HOW I	NJURY OC	CURED	
TTENDI TOR: A after di	E	3 Suicide 8 Could determ	not be	28e. PLACE (building	OF INJURY -	At home, farm	, street, fact	ory, offic	:0		281. LOC City	CATION (Street a or Town, State)	and Number	or Rural Ro	oute Number,
AL DIRI 72 hour	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX													and menner as stated.
THE ASP TO FILED WITHIN TIMPORTANT:	TO BE C	295. SIGNATURE AND TITLE OF CE	WAY	5	M	0			29c. LIC	Z/	43.	5	29d. DAT	E SIGNED	(Month, pay, Year)
	F	10. NAME AND ADDRESS OF PERS	HAN O	OMBLETED CAU	D)	Medi	al K	Per	-X i	1-	Sil	e-Si	m/	16/7	0902
10		31. DATE FILED (Month, Day, Year) DEC 21 19	193	32. DEGISTA	AR'S SIGNA	TURE	L					1)		

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	7	oho	A D	bar				2. DATE OF D	DAY	O'S 3.	1:UA r
	4. SOCIAL SECURITY NUM 215-58-048	BER	5. SEX 1° M 2 F	10001	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day.	Year)	Country)	ACE (State or Fore
СТОВ	90. FACILITY NAME (# not Northwest	institution, give		1 00			on LOCATION OF D		9c. COU	Heros NTY OF DEA Baltim	
DIREC	Maryland	10b. COUN		inty	10c. CIT	TY, TOWN OR LOC	Sykesvi	lle			Dd. INSIDE CITY LIMITS? X YES 2 1
IERAL	7309 Secon		enue		- 61		101. ZIP CODE 2178	4	10g. CIT	U.S	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div		12. WAS DECEDER FORCES? IF YES, GIVE	1 YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	en, Puerto Rican,		Black, V	American India White, etc.
APLETED	15, DE (Specify or Elementary/Secondary Unknown	CEDENT'S EC	DUCATION ide completed) College (1-4 or 5		(Give kind of life. Do NOT u	S USUAL OCCUPATION WORK done during in the retired.) Ty Farme	most of working	16b. KIND	Agricu		
E COMPL	17. FATHER'S NAME (First, I					Æ	_	AME (First, Middle, Unkn	, Maiden Surname)		0 8
TO B	190. INFORMANT'S NAME (Sykesvile)		ercare Cen	iter			and Number or Rural Avenue				MAL
1	20a, METHOD OF DISPOSI 1 Buriel 2 Cremet 4 Donation 5 Othe	ion 3 🗆 Re	emovel from State		LACE AND DATE	of disposition (other place) ELG CEINE	Name of		20c. LOCATION -	City or Town	
	IMMEDIATE CAUSE (Fi	heart fallun	e. List only one ca	use on eacl	h line.	not entar tha n		MD 21	784 (410	11-795	
CERTIFICATION	ahock, or I	heart fallum	a. Province to the control of the co	URB ON EACH	MINO. MINOLOU ONSEQUENCE O	not enter the n	rkesville node of dying, suc	MD 21	784 (410	11-795	Approxim
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALIIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			HYGIENE 9	3 37043
1. DECEDENT'S NAME (First, Midd FLOYD	Joseph	SADI	LOWSKI		2. DATE OF MONTH	DEATH 00 19 1993	YEAR 6:35 am
4, SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D		6. BIRTNPLACE (State or Foreign Country)
183-14-4744	1 2 M 2 □ F	71 YRS.	ONTHS DAYS	HOURS MIN.	Octobe	er 20,192	Penna.
99. FACILITY NAME (If not institute Saint Joseph I			96. CITY, TOWN O	BON, MAR			TY OF DEATN Baltimore
Saint Joseph RESIDENCE OF DECEDE 100. STATE 100. Maryland			104	aon, Mai	yieli ici		
10a. STATE 10b.	COUNTY	10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY
Maryland	Balto.	P	arkvill	е			1 TES 2 NO
10a, STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
10. STREET AND NUMBER 1706 Wycliff 11. MARITAL STATUS 1 Never Merried 2 Marri				21234			.S.A.
11. MARITAL STATUS 1 Never Merried 2 Marri	12. WAS DECEDENT EVER FORCES? DEX YE		13. WAS DECE	ENDENT OF HISPA	NIC ORIGIN? (S	Specify Yes or No-	14. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, DIVE WAR OR	DATES	1 TYES				Specify: White
	T'S EDUCATION	160. DECEDENT'S U	SUAL OCCUPATION	N	16b. KI	ND OF BUSINESS/INDI	
(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	rk done during mos retired.)	t of working			
12		Plant Su	perinte	ndent	I	Bendix Co	orp.
18. DECEDEN (Specify only high Elementary/Becondary (0-12) 1 2 17. FATHER'S NAME (First, Middle,	Last)				AME (First, Midd	fle, Maiden Sumame)	
Joseph Sadlo	owski		3 1 13	Emel.	ia Lube	erski	
	int)	19b. MAILINO A	DDRESS (Street or	nd Number or Rural	Route Number,	City or Town, State, Zip	Code)
Catherine W.	Sadlowski		Same as	10e			
20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☆ Cremation 3	□ Removal from State	Ob. PLACE AND DATE OF	DISPOSITION (Ner	ne of	DATE	20c. LOCATION — C	City or Town, Stata
4 Donation 6 Other (Spec	Hy)	Hill top Se	rvice C			Towson	, Md.
21. SIGNATURE OF PUNERAL SER	WICE LICENSIE		22. NAME AN	D ADDRESS OF F		York Rd	21204
Kmald	Achoder)	h.	Ruck	Towson :		l Home, In	
23. PART i, Enter the diseas	ea, or complications that caus failure. List only one cause on	ed the death. Do no	t snter the mod	ia of dying, su	ch ss cardiac	or respiratory srre	
IMMEDIATE CAUSE (Final	endre. List only one cause on	ascri ima.					Interval Between Onset and Death
disease or condition resulting in death)	. CARDIO-RES	SP ARREST					HOURS
		A CONSEQUENCE OF):					
Sequentially list conditions,	C.H.E.						YEARS
If any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):					
CAUSE (Disease or injury	ARRYTHMIA	A CONSEQUENCE OF):					YEARS
Sequentially list conditiona, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4. COPD						YEARS
							I Dring
PART II. Other algnificant co	enditions contributing to death	but not resulting in	the underlying	causa given in	Part i. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH							
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (C	heck only one)		
1 D YES 2 NO	1 Inpetient 2 ER/O	utpatient 3 DOA 4	I ☐ Nursing Home		7		
	26a. DATE OF INJURY (Month, Day, Year	Y 26b. TIME	RY WOF	RK?	26d. DESCR	IBE NOW INJURY OCC	URED
2 Accident Invest	Igation			ES 2 NO			
3 Suicide 6 Could 4 Homicide determ	building, etc. (S)	RY — At home, farm, str pecify)	eet, factory, office		City or 3	DN (Street end Number bwn, State)	or Rural Route Number,
20a. CERTIFIER							
(Check only	O PNYSICIAN: To the best of my kno						
2 MEDICAL	EXAMINER: On the beele of examinat	tion end/or investigation,	in my opinion, de	eth occured at th	e time, data and	d place, end due to the	couse(e) and manner ee stated.
296. SIGNATURE AND TITLE OF C				29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Month, Day, Year)
O - unc				D28962			2/19/93
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, P	Print)				
ERLANDO ROME	RO-7000 YORK R	AMOONOT.	AD 21204				
DEC 21 1	002 de Registrars's	lon-Pandelle					
00021	SOJ June Mary	con-porpulation					

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36. NAME AND ADDRESS OF PERSON

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or attending physician.	use as the burial-transit permit. P	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 with the State Dark of Health and Montal Humane and on the hand of the hand the principle of the hand of the hand and the hand the principle of the hand o	nust be notified at once.
I within 24 hours after death. Page	mpletely filled in by the funeral dire	went, the medical examiner
hat the death certificate be execute	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financial programment of the p	whilm it hours are count may be come opply or regard and injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN: The law requires the	r this certificate has been signed to with the State Dane of Health	arked, or item 23 shows as
HOSPITAL DR ATTENDING	FUNERAL DIRECTOR: After	JANT: If Item 28 is m

FOR STATE REGISTRAR 37044 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Dec 19 1993 YEAR 3. TIME OF DEATH AUGUST SMITH LOUIS A SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. leel birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS 82 1 XM 2 F 212-05-7449 1-6-11 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN Baltimore Towson, Maryland DIRECTOR Saint Joseph Hospital RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Lutherville 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1029 Adcock Rd. 21093 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Merried IF YES, GIVE WAR OR DATES 1 - YES 2 NO Specify: Specify BY 3 Widowed 4 Divorced Whi te COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) 12 yrs Supervisor Drafting 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) John Smith BE Lillian Gerschied 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth A. Smith 1029 Adcock Rd. Lutherville, Md. 21093 20e, METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Parkwood Cemetery 4 Donation 6 Other (Specify) 12-22 Parkville, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between Onset end Daath IMMEDIATE CAUSE (Fine) disease or condition 10 DAYS .. CONGESTIVE HEART FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST d. CHRONIC RENAL FAILURE PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL 1 | YES 2 | WO 1 - YES 2 00 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 6 | Residence 8 | Other (Specify) 1 TYES 2 1 etient 2 ER/Outpetient 3 DOA 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 🗌 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER
(Chack ank)

1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 20d. DATE SIGNED (Month, Day, Year)

12, 19, 93 296. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER

D41410

DE DEATH (ITEM 2) (190, Print)

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CONGESTIVE HEART FALL RE

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

CHRONIC CESTRUCTIVE PULMONARY DISEASE

CHRONIC REMAL FALURE

D49410

JOHNDER P. ME-TA VEST YORK RD. TOWSON MOST SOA

a. BIRTHPLACE (State or Foreign Country) Maryland

3. TIME OF DEATH 11:25 am

2. DATE OF DEATH MONTH Dec 107 1 993 YEAR

7. DATE OF BIRTH (Month, Day, Year) 8-3-08

1. DECEMENT AND (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215-10-9002

CLARENCE

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5. SEX

SHIPLEY

YRS.

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

50. FACILITY	NAME (If not institution, p			WHOR LOCATION OF DO				Baltimore		
RESIDEN 104. STATE	CE OF DECEDENT									
RESIDEN 10a. STATE Maryla		ltimore		ry, town or L Cowson	OCATION				1 100	1. INSIDE CITY LIMITS? YES 2 X NO
\$	AND NUMBER	4. 10	CTCT.		10f. ZIP CODE	651				COUNTRY?
20:	E. Joppa				21286			U.S.		
3 Widow	erried 2 Married d 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, DIVE WAR O	ES 2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 NO Specifi	n, Puerto I	7 (Specify Yes Rican, etc.)	or No — 14	Specify: Whit	
8	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S	work done durin	PATION og most of working	16b	KIND OF BUS	INESS/INDUS	TRY	
Elements	y/Secondary (0-12)	College (1-4 or 5+) 4 VYS	Itte. Do NOT (P.A.			Accoun	tina		
Elements 17. FATHER'S	NAME (First, Middle, Last)				18. MOTHER'S NA					
w			Shipley							
O THE INFORM	our C. Jens	con			nsylvania					1
20a. METHOI	OF DISPOSITION 2 Cremation 3 D F		20b. PLACE AND DATE	OF DISPOSITIO	N (Name of	AVE.	_	CATION — CIT		
4 Donatio	Other (Specify)	11 1	Druid Ri				22 Pik	esvill	Le, M	id.
21. SIONATO	E OF FUNERAL SERVICE	UCESBER //			k Towson F		al Hom	e. Ind		
1//	yell Cd	Wh h			O York Rd.					
Cause. Ent CAUSE (Di that initiation	death) LAST	cDUE TO (OR /	AS A CONSEQUENCE (fying cause given in	Part I.	24e. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDI NLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 200 NO
ž Z										
() EXAMINI	REFERRED TO MEDICA	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C)	eck only on	•)			
1 TYES	NO NO	1 D Inpatient & ER/		4 D Nursing	Home 5 - Rasidence					
	ml 5 Pending	(Month, Day, Ye	(ar) 285. (II	JURY	WORK?	28d. DES	CRIBE HOW II	HJURY OCCUI	RED	
2 Acel 3 Sulc 4 Hom	de 6 Could not	be 28a. PLACE OF INJ	IURY — At home, farm, (Specify)				ATION (Street a or Town, State)	nd Number or	Rural Route	Number,
29a. CERTIFI (Check of one)	by FE CERTIFTING PI	HYSICIAN: To the best of my k								4 4 4 4 4 4 4 4 4
	RE AND TITLE OF CERT	-			29c. LICENSE NU					onth, Day, Year)
8 /	e sur	Story	m		D3051	0	V	•		
30. NAME AN	D ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Typ	e, Print)						
ROBERT	STOLTZ M	D. 1447 YOR	K RD. LUT	HERVILL	E MD 2109	9				
PADALINE SE	FC 21 199	deli Kin	La Porle							
	14 6 1 144	J. Comment of the Com	THE PARTY OF PERSONS ASSESSED.							

Towcon, Maryland Baltimore

Dec 17 1993 11 28 em

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ROBERT STOLTZ M.D. 1442 YORK RD, LUTHERMILE MD 21098

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 37046

DHMH-18 Rev 1/89

	REGISTRAR		CERTIF	-ICALE C	F DEATH	REG. NO	O					
	1. DECEDENT'S NAME (First, Middle, Les	0				2. DATE OF DEATH	nav .	3. TIME OF DEATH				
	Garland 1	Eletcher S	Shaw			December		998 4:40				
	4. SOCIAL SECURITY NUMBER 195 18 4095		E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Dey, Year) 08/31/19		BIRTHPLACE (State or Fore Country) Penna.				
TOR	sa. FACILITY NAME (If not institution, given by the same of the sa			96. CITY, TOW	vn on Location of D		9c. COUNT	y of DEATH Imore County				
DIRECTOR	10a. STATE 10b. COUN		10c. Cf	ESSEX	CATION			10d. INSIDE CITY LIMITS? 1 VES 2				
FUNERAL	106. STREET AND NUMBER 1 Capri Drive				101. ZIP CODE 21221			N OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR World War	S 2 NO	If yes	DECENDENT OF HISPA , specify Cuben, Maxic YES 2 NO Speci		es or No—	Black, White, alc. Specify: White				
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 12		Ilfe. Do NOT	work done during	most of working	16b. KIND OF B	eo-Spac					
BE CON	17. FATHER'S NAME (First, Middle, Lest) HOWard T. Si	naw			16. MOTHER'S NA	ME (First, Middle, Meide Fletche:	n Surname)					
TO B	196. INFORMANT'S NAME (Type/Frint) Cynthia B. Shaw					Route Number, City or To Maryland		ode)				
	20s. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re		06. PLACE AND DATE		(Neme of	OATE 20c. L	OCATION CI	y or Town, Slata				
	4 Donation 8 Other (Specify)	o	rem s Me	thodist			Balto.	Co., Maryla				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Baltimore Maryland 2122 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (A CONSEQUENCE (A CONSEQUENCE (OF): OF):		7. VASCU FARCY U.S.		Niene				
DICAL	PART II. Other algolificant conditi	one contributing to death	but not resulting	in the underl	ying cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY DRMED?	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF CO OF DEATH?				
FDIC								1				
Z								1				
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	8. PLACE OF DEATN (C.	neck only one)		1				
PHYSICIAN: ME	EXAMINER?	1 Inpatient 2 ER/O	Y 28b. TI	OTHER: 4 Nursing ME OF 28c. JURY		neck only one)	INJURY OCCU	1 □ YES 2 N				
D BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJUR (Month, Day, Year) 1	28b. Til	OTHER: 4 Nursing ME OF JURY M 1	Nome 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 8 Other (Specify)	t and Number or	1 □ YES 2 N				
ETED BY PHYSICIAN: ME	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident Investigation 3 Suicide S Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PNI	1 □ Inpetient 2 □ ER/O 28a, DATE OF INJUR (Month, Day, Year) 28a, PLACE OF INJUR	29b, Till RY — Al home, farm, oocily)	OTHER: 4 Nursing ME OF 28c. AJURY M 1 , street, factory, output med at the time,	Nome 5 Residence INJURY AT WORK? YES 2 NO office	teck only one) 8 Other (Specify) 26d. DESCRIBE HOW 261. LOCATION (Stree-City or Yown, State) 9 to the cause(s) and m	t and Number or e) enner as stated	1 YES 2 N				
D BY PHYSICIAN: ME	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident Investigation 3 Suicide S Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PNI	28a. PLACE OF INJUR 28a. PLACE OF INJUB 28a. PLACE OF INJUB building, etc. (%) (SICIAN: To the best of my kind NER: On the basis of examinat	29b, Till RY — Al home, farm, oocily)	OTHER: 4 Nursing ME OF 28c. AJURY M 1 , street, factory, output med at the time,	Nome 5 Residence INJURY AT WORK? YES 2 NO office	8 Other (Specify) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28l. LOCATION (Street City or Town, State to the cause(s) and me of time, data and place, a	t and Number or e) enner as stated and due to the o	1 YES 2 N				

3. TIME OF DEATH

PM

3:00

1, DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Florence Eleanor

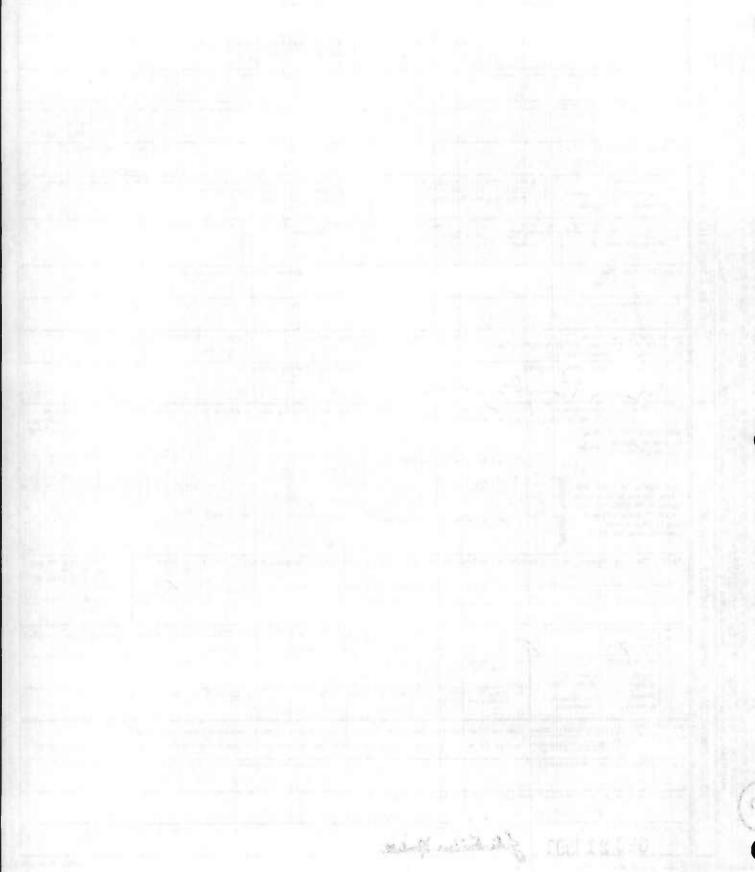
STEWART

2. DATE OF DEATH

MONTH DAY YEAR December 17 1993

6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign (Morth, Pay, Year)
11/14/1944 Maryland 1 M 2 TF 49 235-68-8766 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Center Rossville, 21237 DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Essex 1 TYES 2 TONO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1201 Punjab Drive detached for use as the burial-transit 21221 U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If use ansetty Cuber. Marken, Puerto Rican, stc.)

14. RACE — American Indian, Black, White, stc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: Specify White BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Home 8 Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Clarence R. Sterling Alberta Jamison 8 BE funeral director, page 5 should notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald E. Stewart 1201 Punjab Drive Essex, Maryland 21221 . . 20a, METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 🔀 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Runner Funeral Home 12/19/93 4 ☐ Donation 6 ☐ Other (Specify) Elkins, West Virginia examiner 21. SIGNATURE OF FUNERAL SETTINGS LICENSES 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Fueral Home P.A. 1407 Eastern Ave. Baltimore, MAryland 21221 attending physician and completely filled in by the man Hygiene prior to burial, cremation, or removal. medical 23. PARTI. Enter the diseases, or con plications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Lung Cancer resulting in death) event, executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic Spinal Cord Compression CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Me PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the any 1 YES 2 NO Shows 1 | YES 2 | NO has been s Dept. of H 6 PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL:
10 Inpetient 2 - ER/Outpetient 3 - DOA OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 YES 2 NO 0 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after d item 28 is 99 6 Could not be determined COMPLETED 4 Homicide -ortifal Funeral Dr. Vithin 72 hours VT. If Item 2 29e. CERTIFIER
Chack only
1
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. HE HOSPITAL De faed within 12 IMPORTANT: I' 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(s) and menner so stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 異語 17. Chasson Noundaline D43286 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ghassan Nouredidine, M.D. 9000 Franklin Square Drive Balto MD 21237 31. DATE FILED (Month, Day, Year) DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital on TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it

FOR STATE REGIST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				=X C L	2. DATE OF DEATH	AY YE	3. TIME OF DEATH				
	AGNES MIDDY S	STEVENS				12 18						
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	HRTHPLACE (State or Foreign				
	214-14-3539	1 M 2 F	8/ YRS.	MONTHS DAYS	HOURS MIN.	Month, Day, Year)	7/2 1	quntry)				
	9s. FACILITY NAME (If not institution, give street and number) 9s. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
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ECTOR	Reater Baltimore Med. Cest Baltimore Baltimore											
Ĭ,	10a. STATE 10b. COUNT	Υ /	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY				
DIR	MARYLAND E	AHIMORE						LIMITS?				
ا بر	100. STREET AND NUMBER			10	Of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
RAL	7511 CARSO	N Avenu	e,		2122	4	11	51				
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EV		13 WAS DE		NC ORIGIN? (Specify Yes	W No. 14	RACE - American Indian,				
- 1	1 Never Married 2 Married	FORCES? 1 1	YES 2 NO	If yes, s	pecify Cuben, Mexica	n, Puerto Rican, etc.)		Black, White, atc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	IN UAIES	1 VE	S 2 NO Specify	7		specify /1) hite				
G	15, DECEDENT'S EDU		16a. DECEDENT'S U	SUAL OCCUPATI	ION	16b. KIND OF BUS	SINESS/INDIEST	RY				
ETE	(Specify only highest grad	e completed)	(Give kind of wo	ork done during m	ost of working		. /					
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	11	LMAK			Home					
COMPL	17. FATHER'S NAME (First, Middle, Last)		1107	CMARK		ME /Elmt Mildelle Marie	Cumpa					
_	To see a se	Matth	(0-1-		IS. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
H H	19ac(NPORMANT'S NAME (Type/Print)	11477			1 /10	KA 6	30M					
2	TO 4-0 (-)	0 000	19b. MAJLING	UDRESS (Street	and Number or Rural F	Ploute Number, City or Tow	n, State, Zip Cod	3 16 21229				
	ITTPACIA !	HROINA	LE 13	16 (-AK-501	VHUEN	10 5	sare Ma				
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ran	noval from State	20b. PLACE AND DATE OF cemetery, crematory or oth		ame of	DATE 20c.LO	CATION — City	or Town, Slate				
	4 Donation 5 DOther (Specify) En	You Breat	DAKLI		Cementa	19 D	A/41A	core, Mo				
	21. SIONATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	NO ADDRESS OF FA	CILITY						
	>///aslo	11/1	In an	Jose	on N. Z	annino Ji	. Fun	eral Home				
	23. PART I. Enter the diseases, ox.	1	summer	263		ling St.	Balto	. Md.2122				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sindley death probably related by the second of t											
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
_	PART II. Other algnificant condition	na contributing to des	th but not resulting in	the underlyin	og cause given in	Part I. 24e. WAS AN	AHTOPSY	24b. WERE AUTOPSY FINDS				
8		Sec	nel	Ar	ruali	PERFOR	IMED?	AMILABLE PRIOR TO COMPLETION OF CAU				
בַּב	-	24	1	10		1 TYES 2	□ NG	DF DEATH?				
Σ	10	neurono	e 1 Der	ente	,			1 TYES 2 NO				
SICIAN												
3	25. WAS CASE REFERRED TO MÉDICAL EXAMINER?	HOSPITAL:		26. P	PLACE OF DEATH (Chi	eck only one)						
2	1 TES 2 AND	1 🗀 Inpatient 2 🗆 ER/			me 5 🗆 Rasidence	6 Other (Specify)						
Lul	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	ED				
150 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc.	JURY — Al home, term, at (Specify)	reet, factory, offi	Ca	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,				
COMPLE	1221	BICIAN: To the beat of my li ER: On the beats of examin						use(s) and manner as stat				
TO BE C	771	Karlar			DIGI	BER 9	29d. DATE SK	SNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WI			Print) Print)	107NO	eTH Po.	NT B	and July 2				
							77-10	1111666				

Joseph J. Lengton J. 1980. 2122

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BALTIMORE, MARYLAND 21215-0020	ANY. The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a winn 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	madical avaminar much ha notified of once
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	MICENTAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	man Herry 29 is marked as form 22 shows any interes as other framework the medical assembles much be matified at another

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR P term 1:03 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morith, Day, Year) 09-03-04 DAYS HOURS 1 | M 2 | F YRS. ENGLAND 217-34-3767 89 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD COUNTY GENERAL HOSPITAL HOWARD COLUMBIA 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HOWARD COLUMBIA MD ₩X YES 2 \ NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21044 6336 CEDAR LANE, APT. #369 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Bleck, White, atc. If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 Y NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) HOUSEWIFE AT HOME 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RIFMAN HYMAN BE BESSIE KATZ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
705 SETH COTTET: TOWSON, MD 21204 19a. INFORMANT'S NAME (Type/Print) 2 705 SETH COURT; TOWSON, MD MRS. RUTH ANN MAZER 20s. METHOD OF DISPOSITION
1 State 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE ANSHE EMUNAH AITZ CHAIM 12-17-93 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 21215 Approximete shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel disease or condition **Onset and Deeth** AR DS dul resulting in death) DUE TO (OR AS A CONSEQUENCE DF): CERTIFICATION Sequentielly list conditions, TO JOR AS A CONSEQUENCE OF if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury remove DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not requiting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO cha COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ly perfolan Congestive 25. WAS CASE REPERIED TO MEDICAL 1 YES 2 NO her 121 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) tient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 ND BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mooth, Day, Year) BE D32717 12/15/93 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Drew Te# 209 31. DATE FILEO (Month, Day, DEG 21



RKD 93-7706-510

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	3
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	1. DECEDENT'S NAME RACHELLE		L ANI	N			SAR	GENT		2. DATE MONTH	OF DEATH	.8 .8	YEAR 93	3. TIME OF DEAT 4:31
	4. SOCIAL SECURITY I		5. SEX 1 ☐ M 2 🖔 F	6. AGE (In yrs. II		IF UNDER	1 YEAR DAYS	HOURS I	HRS. MIN.		OF BIRTH 1, Day, Year) 9-72		8. BIRTH Count	HPLACE (State or Fo
	90. FACILITY NAME (#			21	YRS.	Oh CITY	TOWAN C	OR LOCATION	OF DE		9-72	9c. COUN		YLAND
æ	HARBOR HOS		reet end namoer)			120		RE CIT		ATH		17. 11. 17. 1	N/A	DEATH
CTO	RESIDENCE OF	DECEDENT							LI				11/11	
IRE	10e. STATE	10b. COUNTY				TY, TOWH O								10d. INSIDE CITY LIMITS?
AL DI	MD 100, STREET AND NUM		ARUNDEL		GL.	EN BU		ZIP CODE	-			100 CITIZ	EN OF	1 TYES 2 X
H	1006 LITT	TLE BAER	COURT					21061					S.A	
BY FUNE	11. MARITAL STATUS 1 X Never Merried 3 Wildowed 4	2 Merried	12. WAS DECEDER	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES		If	yes, sp	ENDENT OF I	HISPAN Mexicar	, Puerto R			14. RACI	E — American India k, White, atc.
ED		DECEDENT'S EDU		16a. D	DECEDENT'S	USUAL OC	CUPATIO	ON st of worlding		16b.	KIND OF BU	SINESS/INDU	USTRY	
COMPLET	Elementary/Second		College (1-4 or 5	- li	ife. Do NOT u	ise retired.)	iding no	St or working			/ -			
OMP	1.2 17. FATHER'S NAME (FI	irst Micirlia Laut)	3		N/A			40 54071455	DIC MAS	AF (Fire A	N/A	0		
E CC	JACK DANE							111111111111	-		SA LIN	,		
8	19e, INFORMANT'S NA			1	19b. MAILING	ADDRESS	(Street e	and Number or					Code)	
10	LINDA KIS	SER		1	1006	LITTL	E B.	AER CC	DURT	r, GI	LEN BU	RNIE,	MD	21061
	20e. METHOD OF DISP 1 N Burlel 2 Cree	mation 3 - Rem	oval from State	20b. PLACE	E AND DATE	OF DISPOSI	ITION (Na	ma of		DATE		CATION — C		
	1 N Burlei 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) LOUDON PARK 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	23. PART I. Enter ti ahock, IMMEDIATE CAUSE disease or conditio	he diseases, or or heart fallure.	complications the	at caused the duse on each lin	deeth. Do	SI	NGLI SEC	ETON F	UNE E.	RAL S.W.	, GLE	N BUR	NIE.	, MD 210 Approximinterval B
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	TO THE HOSPITAL OR AITENOING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after de-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerhours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN WILLIAM A SALTZMANN SR
4. SOCIAL SECURITY NUMBER 5. SEX 18 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Your IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 1 4M 2 F 213-28-8659 62 29 Aug 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL 301 HOSPITAL DR ANNE ARUNDE GLEN BURNIE, MD 21122 10a. STATE 10c. CITY, TOWN OR LOCATION MD Anne Arundel Pasadena 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 710 Birch Avenue 21122 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Merried 2 Married
3 Widowed 4 Divorced 1 TES 2 NO Specify Korea 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Grocery Industry Elementary/Secondary (0-12) Ge Carpenter 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William Saltzmann Marquerite M. Kroth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Nellie Saltzmann 710 Birch Ave., Pasadena, MD 20s. METHOD OF DISPOSITION
1X Burlal 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, Stata Glen Haven Mem. Park 12/22 Glen Burnie, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MCCUlly Funeral Home of Pasadena Steven Mountain & Tick Neck Rds. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic lung lancer DUE TO (OR AS A CONSEQUENCE OF):

CERTIFICATION resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL PHYSICIAN:

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO 1 TYES 2 T NO

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3. TIME OF DEATH

0300

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 TES 2 NO

White

Approximata

Onset and Death

B. BIRTNPLACE (State or Foreign

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USA

21122

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 10 1 Sinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO I Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Manth, Day, Year)

042820

2 de lon AME AND ADDRESS OF PERSON WHO COMMELETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHRISTOPHER DE BORJA MD 3708 MOUNTAIN RD., PASADENA, MD. 21122

m.D.

31. DATE FILED (Month, Day, Year) 1993

DHMH-18 Rev 1/89

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIII	ICALE	: OF	DEAT	Н	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF D	DA		YEAR	3. TIME OF DE	ATH
	DOROTHY SAROG		AGE (In yrs. les		IF UNDER	-	IF UNDER:	M Mine	7. DATE OF B		17,	1993	3:12 PLACE (State or	Рм
	119- 16-6961	1 🗆 M 2 💢 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	r. Year)		Country		
	Sa. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN	OR LOCATIO	N OF DE	LSEPTEI	MBER		1927 JNTY OF DI		•
E I	JOHNS HOPKINS HO	SPITAL			BAL.	TIMO	RE CI	TY		33				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY													
2	FLA.				Y, TOWN O		TION						10d. INSIDE CIT	
	10e. STREET AND NUMBER			7.4	• 1111		. ZIP CODE				100 00	TIZEN OF W	1 YES 2 HAT COUNTRY?	
FUNERAL DIRECTOR	671 N.E. 195th S	r., #120				"	331	.79			log. Gr	USA		
3	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED					IIC ORIGIN? (Sp		or No-	14. RACE	- American Inc	dien,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		10			ecify Cuber 2 NO		n, Puerto Rican	, etc.)		11000	White, etc. WHITE	
	15. DECEDENT'S EDU	CATION		CEDENT'S					16b. KIN	D OF BUS	INESS/IN	DUSTRY		
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MP	12th			AG	ENT				- 1	REA	L_ES	TATE		
8	17. FATHER'S NAME (First, Middle, Lest) PHILIP		SIEGE	т			18. MOTH		ME (First, Middle IRGINI		Sumame)	Q1	ANDLER	
B	19a. INFORMANT'S NAME (Type/Print)						400						MUDITIK	
우	MRS. ALEGRA BEST		198						Poute Number, C TIMORE					
	20e, METHOD OF DISPOSITION 1	oval from State	20b. PLACE A					ואיזורו	DATE S 12/1			- City or Too	wn, State	
	21. SIGNATURE OF FUNCTIAL SERVICE (TO	ENSEE	THOULE	WOOD	22.	NAME A	ND ADDRES	S OF FA	CILITY					•
	see !	100	eur						& BRO				OME (21215)
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O		DUENCE OF	ipte	la	v oc	ut fl nfe	low o	me	ud	70M		Between and Dasth
	PART II. Other algnificant condition	s contributing to de	eeth but not r	esuiting	In the un	derlyln	g cause g	lven in	Part I. 24a	WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
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										J 1E3 3	Z NO		OF DEATH?	(NO
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N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DE	ATH (Ch	eck only one)					
Sic	1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER		10 5 🗆 Rei	idenca	6 Other (Sp	ecffy)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIM INJ	E OF URY		URY AT		28d. DESCRIE	E HOW II	NJURY O	CURED		
BY	2 Accident Investigation				М		YES 2	NQ						
	3 Suicide 8 Could not be determined	28e. PLACE OF I building, et	NJURY — At ho c. (Specify)	me, larm, i	atreet, fact	ory, offic	•		281. LOCATION		and Numbe	er or Rumal R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE) and manner ar	stated.
	29b. SIGNATURE AND TITLE OF CREATIFIE		0				29c. LICE	NSE NUI	MBER	-11	29d. DA	TE SIGNED	(Month, Dgy, Yea	r)
38 6	Leboralde	elyn	1				2	62	47	11	> /	12/1	7/9:	3
2	SO NAME AND ADDRESS OF PERSON WH	SOUTH CAUSE	OF DEATH (ITES	M 273 (Type	Print	Sol	hus	H	mkin	4	11	52	tr. 0	
	31. DATE-EN-ED-(Morely, Day, William)	J. B. BEGINERAB	Laughanden	456	/	701	111)	110	Pian		MO.	7/1	1	
	ULU Z I NESS	American	Contract L. A.	-					1170					

3. TIME OF DEATH

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2. DATE OF DEATH MONTH DAY

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BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

3.5-3.2-3.9.84	3.5-3.2-3.9.8.4 Xu 2 F 68 YMA SOUTH SAN SAN	Walter C. Sha								c. 19	, 19		
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The Engineer Ind Engineer It Mothers NAME (Piez, Modes, Mades Survames) Paniel P. Shaw It MOTHER'S NAME (Piez, Modes, Mades Survames) Edna G. Furr Suzanne Honeycutt Suzanne Honeycutt Survamenta Stephen and Name or Rural Review Name, City or Surv. Shab, Zip Code) Suzanne Honeycutt Survamenta Date Dec. LOCATION — City or Town, Shab Date Dec. LOCATION — City or Town, Shab Commended Date Dec. LOCATION — City or Town, Shab Date Dec. LOCATION — City or Town, Shab Commended Date Dec. LOCATION — City or Town, Shab Commended Date Dec. LOCATION — City or Town, Shab Commended Date Dec. LOCATION — City or Town, Shab Commended Date Dec. LOCATION — City or Town, Shab Commended Date Date Dec. LOCATION — City or Town, Shab Commended Date	IND. BAILED P. Shaw IND. MALENG ADDRESS (Street and Number or Paral Pools Aumbobs Surrams) Edna G. Foury IND. MALENG ADDRESS (Street and Number or Paral Pools Aumbobs City or Now., Stein, Zip Code) SUZanne Honeyoutt SUZanne Honeyoutt SUZanne Honeyoutt Substat 2 Cremistion 3 Removed from State Downston S. Divide (Goody) Buffat 2 Cremistion 3 Removed from State Commisting, removing or of their place of Commission (Commiss), removing or of their place or of Commission, removing or of their place or of Commission (Commiss), removing or of their place or of Commission (Commiss), removing or of their place or of Commission (Commiss), removing or of their place or of Commission (Commission (Commiss), removing or of their place or of Commission (Commiss), removing or of their place or of Commission (Commission (C			+) #	He. Do NOT u	ise retired.)							
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4 Homicide determined building, etc. (Specify) 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 9b. SIGNATURE AND TITLE OF CERTIFIER 9b. SIGNATURE AND TITLE OF CERTIFIER 1 29c. LICENSE NUMBER 29c. LICENSE	4 Homicide building, etc. (Specify) City or Town, State) City or Town, Countered of the time, dete and place, and due to the cause(e) and manner as attach. City or Town, Countered of To	e C évides	28e. PLACE C	F INJURY - ALI	home, farm.	street, fac			261,100	ATION (Street	and Numbe	or Rural D	oute Number
(Check only 1 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Veer) 12/26/93 0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSEM. C. LIN, MD 8983 HARFORA RA BULLIAMSTER MA 212	(Check only 000) 2 MEDICAL EXAMINER: On the base of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 96. SIGNATURE AND TITLE OF CERTIFIER 99. SIGNATURE AND TITLE OF CERTIFIER 100. D 27670 D 12/26/93 100. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		building,	etc. (Specify)	.,		,, 511104		City	or Town, State))	C. Francis Pr	
26 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(e) and manner as state 9b. SIGNATURE AND TITLE OF CERTIFIER 19c. LICENSE NUMBER 12 / 26 / 70	26. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as at 90. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12/26/3 0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSEM. C. LIN, MO 8903 HARFORA RA BUTT-more MA 21	90. CERTIFIER	ICIAN: To the best of	my knowledge, o	death occur	red et the	tima, dete	end place, end du	a to the car	ree(s) end ma	nner as sta	rted,	
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JOSEPH. C. LIN, MD 8903 HARFORA RA BALLIMORE MA 212	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH. C. LIN, MD 8903 HARFORD RD BULL-more Md 21	anal /	ER: On the basis of e	xamination end/o	or Investigation	on, in my	opinion, de	eth occured at th	e time, deta	and place, ar	nd due to t	he ceuse(s)	and manner se state
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH. C. LIN, MD 8983 HARFORA RA BALLIMORE MA 212.	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH. C. LIN, MD 8903 HARFORD RD BULL-more Md 21	9b. SIGNATURE AND TITLE OF CERTIFIE	R				1	29c. LICENSE NI	JMBER		29d DA	TE SIGNED	(Month Day Year)
JOSEPH. C. LIN, MD 8903 HARFORD Rd Buttimore Md 212.	JOSEPH. C. LIN, MD 8903 HARFORD RA BULLIMORE MA 21	In	1 .	11.0				0 -	7/72	2	•	12%	6 /01
Joseph. C. LIN, MD 8903 HARFORA Rd Buttimore Md 212	Joseph. C. LIN, MD 8903 HARFORD Rd Bultimore Md 21	IN NAME AND ADDRESS OF DEDOCAL WIL	COMPLETED CALL	1-1-	EM AT (F	Delet.		11 -1	0 / 0			/ 1	173
1. DATE FILED (Month, Day, Year) STREGISTERING SIGNATURE	11. DATE FILED (MONTH, Day, Year) 2 REGISTRATE SHOMATURE	The Control of Penson Wi	COMPLETED CAUS	DE OF DEATH (IT	EM 2/) (1)/pi	(//- >	1.1	07.0	1 1	1 0	41		1 1 2-12
11. DATE FILED (Month, Day, Year)	11. DATE FILED (Month, Day, Year)	JOSEHN.	LIN	1, ML	1 8	703	MA	11/012	NK	n Br	Wigh	rore 1	MA
		1. DATE FILED (Month, Day, Year)	Z Care In	VES SIGNATURE		ti.	1					1	

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 3705								
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY				YEAR 3	TIME OF DEATH		
	Margaret	MAI			ort	12		93	7:27	
	4. SOCIAL SECURITY NUMBER 220-14-8457	5. SEX 6. AGE		THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)	8. BIRTHPL Country)	ACE (State or Fore	
	9e. FACILITY NAME (If not institution, give st	. 03			Oct. 7, 19			9c. COUNTY OF OEATH		
5	Memorial Hospital at Easton Easton Talbot									
ECTOR	10a. STATE 10b. COUNTY			WN DR LOCA	TION			10	od, INSIDE CITY	
DIR	Md. Tal	albot Her			nderson			LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITE	10g. CITIZEN OF WHAT COUNTRY?		
NE I	26741 Beetree Rd.			21640				U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, OIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yell yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 ☐ YES 2 ☐ ND Specify:				14. RACE — American Indian Black, White, atc. Specify: White		
	15. DECEDENT'S EOU((Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	done during m		16b.	KINO OF BUSINESS/IND	USTRY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Secretai			Boys Club				
COMPL	12th 17. FATHER'S NAME (First, Middle, Last)	4yrs.	Decreta	- 9	48 MOTHER'S N					
CC	James Joseph Gillen			18. MOTHER'S NAME (First, Middle, Meiden Surname) Rosa Cecelia Horan				n		
00	19e. INFDRMANT'S NAME (Type/Print)	19b. MAILING ADD	DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	James (Mike) Debeluis 26741 Beetree Rd, Henderson Md. 21640								1640	
	20a, METHOD OF OISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State									
	4□ Donation 5□ Other (Specify) Oak Lawn 12/20 Baltimore, Md.									
	22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundal								ndalk	
	7110 Sollers Pt. Rd. Dundalk 2122									
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that cause List only one cause on	the deeth. Do not a	enter the me	ode of dying, suc	ch aa cerd	iac or respiratory am	eat,	Approximation interval Be Onset and	
	disease or condition resulting in death)							wee		
	OUE TO (OR AS A CONSEQUENCE OF):									
S	Sequentially list conditions, Due to (on as a consequence of):								yea	
CATION	If any, leading to immediate cause. Enter UNDERLYING									
RTIFIC	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
토	resulting in death) LAST									
2	PART II. Other algnificant condition	a contributing to death	but not resulting in th	a underlylr	o cause alven in	Part I	24s. WAS AN AUTOPSY	245 W	ERE AUTOPSY FI	
CAL				and underlying cause given in Part I.			PERFORMED? AN		MILABLE PRIOR OMPLETION OF C	
MEDIC							1 YES 2 WO O		F DEATH?	
									100 2 201	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCUSED TO MEDICAL EXAMINER? ACCUSED TO MEDICAL ACCUSED TO									
ž I	1 TES 2 HO	HOSPITAL: 1 1 Ampetiant 2 ER/Outpetient 3 DOA 0THER: 4 Nursing Home 5 Residence 6 Others					(Specify)			
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN	28c. INJURY AT WORK?		28d. DESCRIBE HOW INJURY OCCURED			
≽ I	1 Natural 5 Pending 2 Accident Investigation				M 1 YES 2 NO					
ED	3 Suicide 6 Could not be 4 Homicide datermined				t, factory, office 28f.		f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
1										
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and manner se stated. (Proced only one) 2 MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner se at									
- 11	296. SIGNATURE AND TITLE OF CERTIFIER						29d. DATE SIGNED (Month, Day, Year)			
H H	112.01/6	25 Inas	29c. LICENSE NU		7 4 9 29d. DATE		2 -	1 1 -		
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	(1)	11279	[]		- 11 1	193	
	Peter Wholesell MD 503 Dutchman's Ly Easton MD 2160									
	31. DATE FILED (Month Day, Year) 1993 32. Historian maliprations									
	DEC 5.1 1993									

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FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE NUMERAL CRECION After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be all the marked, with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. PITAL OR ATTENDING PRYSHCAN: The law requires that the death certificate be executed within 2N hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	1 - REGISTRAR		CE	RTIF	ICATE O	F DEAT	H	F	EG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH		NY .	YEAR	3. TIME OF DEATH
	SHIRLEY ANN S							DEC		Ϊ2	1993	700 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. less		IF UNDER 1 YEAR		24 HRS.	7. DATE OF (Month, De	BIRTH Iv. Year)		8. BIRTH Countr	PLACE (State or Foreign
	200-28-4932	1 🗌 M 2 💢 F	57	YRS.			175	AUG	23	1936		NSYLVANIA
	9a. FACILITY NAME (If not institution, give si				9b. CITY, TOW		ON OF DE	ATH		1000	NTY OF D	
0	NATIONAL NAVAL M	EDICAL CI	ENTER		BETHE	SDA				MON	NIGOM	ERY
DE I	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
DIRECTOR	VIRGINIA S	TAFFORD			FFORD							LIMITS?
	10e. STREET AND NUMBER	1711 1 010		012		lof. ZIP CODE				10a CIT	IZEN OF W	THAT COUNTRY?
3	2 LOCUST LANE					225						STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED	13. WAS D			IIC ORIGIN? (S	oecify Ves			- American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	0	If yes,		n, Maxica	n, Puerto Rice			Bleck	, White, etc.
BY	3 Wildowed 4 Divorced		Die 12		'''	3 2 M 110	Specify				Speci	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEG	CEDENT'S	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	TION nost of working	0	16b. KII	D OF BUS	SINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+) Affe.	Do NOT us	se retired.)		,					
₹	8		HC	USEW	IFE				/EMAP			
8	17. FATNER'S NAME (First, Middle, Last)	T T						ME (First, Midd		,		
BE	HOWARD BRUMBAUG 190. INFORMANT'S NAME (Type/Print)	FI.						LBERT				
2	HERBERT STRAYER		196		ADDRESS (Street							
	20a. METNOD OF DISPOSITION		201 21 102 1		OCUST I		SIAL		,	2255		
	1X Burial 2 Cremation 3 Remo	oval from State			of disposition (ther place) GARDE		12	DATE	PRE	DERI	CKSB	URG, A CO., VA
i	H. SIGNATURE OF FAMERAL SERVICE LIP		DOMORI	L'III.		AND ADDRES			SPC	MOIL	NATAT	A CO., VA
	VIIIIt. K	1	11.1		MUL	LINS .	AND	THOMPS				
-4	Macinis	·Hul	5/1		186 Sh	ELTON	SHC	P RD,	STAI	FORD	, VA	22554
	23. PART I. Enter the diseesea, or ahock, or heart fallure.	omplications that List only one caus	se on each lina.	eth. Do i	not entar the m	oda of dyle	ng, suct	h aa cardlec	or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	NETT 1 OF										Onset and Death
ł	resulting in death)	*	PATIC BR			IOMA.						
-	_		on he h conce	OLIVOE O								i :
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	CAUSE (Disease or Injury											
E	that initiated events	DUE TO (OR AS A CONSEO	UENCE O	F):							
EH	resulting in death) LAST	1										
	PART II. Other significant condition	contributing to	death but not re	eaulting	in the underlyi	ng ceuse g	iven in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	1000				13511133				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
B								_ ''	YES 2	X NO		OF DEATH?
2			-					-				1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DE	EATN (Che	ock only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	me 5 🗆 Rei	sidence	8 Other (Sr	necify)			
Ě	27. MANNER OF DEATN	28a. DATE OF (Month, Da	INJURY W March	28b. TIM	E OF 28c. II	JURY AT		28d. DESCRI		NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y, 102/	1140		ORK? YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF building, o	INJURY — At hor	ne, 1erm,	street, factory, off	Ice		281. LOCATIO	N (Street a	nd Number	or Rural A	oute Number,
	4 Homicide determined							5.1, 5.	, 514.0)			
COMPLETED	(Check only 1) CERTIFYING PHYSIC	CIAN: To the best of i	my knowledge, dea	th occum	ed at the time, de	ta and placa,	and due	to the cause(s) end men	ner aa stat	led.	
0	2 MEDICAL EXAMINE	R: On the beals of ax	amination end/or in	rveatigatio	n, in my opinion,	death occure	ed at the	time, date end	place, an	d dua to th	ne cause(a)	and manner as stated.
	296. SIGNATURE AND TITLE OF CHITTE					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
986	CS/TEN-	-X WD								▶ £	DEC	13 1993
임	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print) NA	TIONA	[NA	VAL ME	DICA			
	CALVIN S. LEDFOR	D, LT, MC	USNR		BE			D 208			111111/	
	DEC 21 1993	32. ECISTRAS	SIGNATURE	1.00				V-17-2				
		1 7 10 7 10 7										

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BALTIMORE, MARYLAND 21215-0020

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	1 - FOR STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND ME	NTAL HYGIEN	E 93	3/056
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM H.	THOMP		2.	DATE OF OEATH DA	Y I YEAR	3. TIME OF OEATH 2330 Hm
	4. SOCIAL SECURITY NUMBER 143 01 9358 1 🖾 M 2 🗆 F 9a. FACILITY NAME (If not institution, give atreet and number)	AGE (In yrs. last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS BAYS	HOURS MIN	DATE OF BIRTH (Month, Day, Year) 10/31/19	Cour	rway
TOR	North Western Hospital		Baltimo				ore County
DIRECTOR	Maryland Baltimore Co		y, town on Locat andallsto				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 3911 Innerdale Court		10f.	21133		10g. CITIZEN OF U.S.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, spe	ENDENT OF HISPANIC Cocify Cuban, Mexican, Pt 2 NO Specify:	ORIGIN? (Specify Yes uerto Rican, etc.)	or No — 14. RAC Black Spe	E — American Indian, ck, Whita, atc. city: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	16a. DECEDENT'S (Give kind of a life. Do NOT us Clergy	USUAL OCCUPATION Work done during mode retired.)	DN st of working	16b. KINO OF BUS	INESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Tonnes Tho	mpson		16. MOTHER'S NAME (First, Middle, Maiden line Kit		
10	190. INFORMANT'S NAME (TypoPrint) Margaret Thompson	19b. MAILING 3911	ADDRESS (Street a Innerdal	nd Number or Rural Route e Court	Number, City or Town Randalls		d. 21133
	20a. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	competent crematory or of Dulaney	al. Mem.	Park 1	2/15 Time	cation — city or 1 onium, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		4001	o ADDRESS OF FACILITY E J. Gonce Ritchie Hw	y. Balt	imore, N	A. Id. 21225
	23. PART I. Enter the diseases, or complications that canock, or heart failure. List only one cause immediate cause (Finel disease or condition resulting in death)	rESTIVE	E HE	EART	FAILU	RE	Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	HEMIC RAS A CONSEQUENCE OF	ም :	DIO MYC	PATH	9	
MEDICAL	PART II. Other significant conditions contributing to de CVA, CHRONIC A ACUTE RENAL	TRIAL	in the underlying	ceuse given in Pari	24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	R/Outpetlant 3 🗆 DOA	OTHER:	ACE OF DEATH (Check of			
ву рну	27. MANNER OF BEATH 1 Metural 5 Pending (Month, Day, 2 Accident Investigation	JURY 285, TIM	E OF 28c. INJU	URY AT 286	I. DESCRIBE HOW IN	JURY OCCURED	
		NJURY — At home, ferm, s . (Specify)	street, fectory, office	281	LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) MEDICAL EXAMINER: On the bests of exam						(s) and manner ea stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	7713	≥ De	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE C - RAVI M	VHC, B	ALTO.	MD 211	33		
	DEC 21 1993	SIGNATURE VICENTARIA					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the first the second se
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1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CATHERINE ELIZABETH TESTER 93 11:00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 50 220 38 9167 1 M 2 XF YRS. 09/26/1943 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1728 SPENCE STREET BALTIMORE CITY Pages 1, 2. RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1728 Spence Street use as the burial-transit **=2±22**5 21230 U.S.A. hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 1 TES 2 X NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 9 entary/Secondary (0-12) College (1-4 or 5+) Housewife 9th Grade Home Maker detached 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) retained by the George Edward Runk Anna Sophie Cerko BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Patricia Grant 1728 Spence Street Baltimore, Maryland 21230 9 20a. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must · State Veterans Cem. 4 Donation 5 Other (Specify) 12/20 Crownsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. ramerouseu 4001 Ritchie Hwy. Baltimore, Md. and completely filled in by the burial, cremation, or removal. medical 23. PART i. Enter the diseases, of complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final the diseese or condition resulting in death) AKTURIOSCUEROTIC CARDIOVASCULAR DISTASE event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Diseese or Injury the attending phy Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL and a AVAILABLE PRIOR TO MELLITUR any COMPLETION OF CAUSE signed Health a 1 TYES 2 NO 1 YES 2 NO t. of h PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA o de 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, this with 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 99 COMPLETED DIRECTOR: 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated, TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If Its 24 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 396 SIGNATURE AND TITLE OF CERTIME 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 12-16-1993 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE MARYLAND 21201 MARIO MD 31. DATE FILED (Morth_Day, Year) -1003

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93

REG. NO.

37057

DHMH-16 Rev 1/89

68/60, BALIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s, was after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fir be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Jerry D 31. DATE FILED (About), Boy, No. 19.

1993

	FOR STATE OF MAI	RYLAND / DEP	ARTMENT O	F HEALTH AND	MENTAL HYGIEN	E 9:	37058
_	REGISTRAR	CERTI	IFICATE (OF DEATH	REG. NO.) 31005
	1. DECEDENT'S NAME (First, Middle, Last)	Margar	et Mary	Thompson	2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH
	MARGARET 11	Deginor	ON		12 1	5 9	3 3:50 A H
		AGE (In yrs. lest birthda	MONTHS D	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	216 32 2829 1 M 2 X F	91 YRS					reland
DIRECTOR	Maryland Manor Nursing Hom	e		Burnie	EATH	Anne	Arundel Co.
3EC	10s. STATE 10b. COUNTY	10c. (CITY, TOWN OR L	DCATION			10d. INSIDE CITY
	Md. Anne Arundel C	o. G	len Bur	nie			LIMITS?
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	7575 East Howard Rd.			21060		11	.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If ye				Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	T'S USUAL OCCU	PATION	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) 12 Coflege (1-4 or 5+)		of work done during the second of the second				
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE (Frank Ma	anning		Mary		Otis	
10	19e. INFORMANT'S NAME (Type/Print)	19b, MAILI	ING ADDRESS (St	eet end Number or Rural	Route Number, City or Town	n, Stete, Zip Coo	(•)
F	Thomas Thompson	320	9 Rambl	ing Ridge	Ct. Pasa	dena.	Md. 21122
j	20a, METHOD OF DISPOSITION 1	cemetery, crematory of Metro			DATE 20c. LO	cation — chy timore	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nirous	22, NAM Ge 40	e and address of Fa orge J. Go O1 Ritchie	nce Funera Hgwv Ba	l Homes	P.A.
	23. PART I. Enter the diseases, or complications that cale shock, or heart failure. Use they one cause of immediate Cause (Final disease or condition resulting in death)	as a CONSEQUENCE	o not enter the	Mode of dying, suc	h as cardiac or respi	times	Approximata interval Batween Onset and Death
ERTIFICATION	that hadded overles	AS A CONSEQUENCE	OF):	mory			day
CER	resulting in death) LAST						
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to dea	th but not resultin	ng in the under	ying cause given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			N 405 05 05 05 1			
SICI	EXAMINER? 1 YES 2 NO 1 Inpetient 2 PR	/Outpatient 3 🗆 DOA		8. PLACE OF DEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJU (Month, Day, Ye	JRY 26b. T	TIME OF 280 INJURY	INJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURE	ED .
	- Padident	JURY — At home, fern (Specify)	m, street, factory,	office 5.5	281. LOCATION (Street e City or Yown, State)	ind Number or A	ural Route Number,
APLET	29a. CERTIFIER (Check only one)	rnowledge, death occu	urred at the time,	data end place, and due	to the cause(e) and man	ner ee stated.	6.2

CAUSE OF DEATH (TEM 27) (Type, Print) belo M) 8418

DHMH-18 Rev 1/89

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	1 - STATE REGISTRAR		CERTIFIC	MENT OF HEALTH AN	D MENTAL HYGIEI		3 31059
	1. DECEDENT'S NAME (First, Middle, Lest) Lewis		eott	SR.	2. DATE OF DEATH	Pay 9"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216~32-8747 9a. FACILITY NAME (If not institution, give	1 ★ M 2 □ F 80) YRS.	F UNDER 1 YEAR IF UNDER 24 HI ONTHS DAYS HOURS MH	DEC. 20,	1912	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	HOWARD COUNTY GE			b. CITY, TOWN OR LOCATION O	COLUMBIA	9c. COUNTY	OWARD
DIRECTOR	MARYLAND 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATION BALTIMROS	E		10d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 4419 ROKEBY ROAD			101. ZIP CODE 212	229		S.A.
B	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YE IF YES, GIVE WAR OR	RIN U.S. ARMED S 2 NO DATES WW II		SPANIC ORIGIN? (Specify Yoxicen, Puello Rican, etc.) pecify:	es of No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	18s. DECEDENT'S US (Give kind of wor life. Do NOT use r	BUAL OCCUPATION k done during most of working attrad.)	16b. KIND OF BU	JSINESS/INOUS	
COMPL	10th GRADE 17. FATHER'S NAME (First, Middle, Last)		SECURIT	Y GUARD 18. MOTHER'S	STATE NAME (First, Middle, Maide	OF MAR	YLAND
BE	JOSEPH TRESCOTT 190. INFORMANT'S NAME (Type/Print)		19b. MAILINO AI	EMMA DORESS (Street and Number or Re	COUGNET	wn State 7in Co.	rie 1
2	CECELIA C. TRESCO		4419	ROKEBY ROAD -	BALTIMORE,	MD. 2	1229
	TY Burlet 2 Cremation 3 Ren 4 Donation 8 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LI	noval trom State	ob. PLACE AND DATE OF I emetery, crematory or othe MEAODWRIDG	E MEMORIAL PA	RK 12/22 E	LKRIDG	The Contract of the Contract o
	Donis F.	Smil		HUBBARD FUNE	RAL HOME IN AVENUE-BAL	TIMORE	. MD. 21229
	23. PART I. Enter the diseases, or shock, or heart fellure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	Clat Drily one cause on	ed tha death. Do not each line.	antar the mode of dying,	such ss cardiac or resp	piratory srrest	Approximate Intervsi Between Onsat and Death
NO	Sequantially list conditions,	. Parks	A CONSEQUENCE OF:	earl			years
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury that initiated avents resulting in death) LAST	с.	A CONSEQUENCE OF):				
MEDICAL	PART II. Other significant condition Lichemia Ris	ns contributing to death	but not resulting in	the undarlying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	25e. DATE OF INJURY (Month, Day, Year)	286. TIME C	PF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, stre	M 1 YES 2 NO	281. LOCATION (Street City or Town, State	end Number or F	tural Route Number,
COMPLETED				nt the time, date end place, end in my opinion, death occured at			bette se rennem bns (s)esus
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Mire wes		29c. LICENSE			GNED (Month, Day, Year)
2	Parry Mure	CKNULL NOVE	h Drive	Columbia 1			
	31. DATE FILED (Month, Day, Year) DEC 2 1 1993	32. REGISTRAR'S SIG	NATURE				

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filled within 72 hours after death with the State Debt, of Health and Mental Hypeine prior to burial, cremation, or removal.	HADOGRAM. Witness 90 is morked as Ham 22 shows say injury as other transmits much the medical avantage much he madified as annot

37060 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HUBERT VINSON 93 4) SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign Country) AGE (In yrs. last birthday) (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F N.C. 244-28-8712 69 9/21/24 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1512 N. WASHINGTON STREET BALTIMORE N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? N/A MD 1 X YES 2 | NO BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1512 N. WASHINGTON STREET 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES ZYNO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Md. Tire Co. 7th N/A Chauffeur 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) George Vinson Rose Winstead BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Annie Ruth Vinson 5604 Harley Dr., Phila. 19143 20s. METHOD OF DISPOSITION
1 © Burisl 2 Cremetion 3 Removal fro
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Owings Mills, Garrison Forest Ceme MD 22. NAME AND ADDRESS OF FACILITY UNITY FUNERAL HOME 103 West North Avenue, Balto s, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, 23. PART I. Enter the disease Approximate ehock, or heert failure. List only one cause on sech line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) 12 the CERTIFICATION Sequentielly list conditions, EQUENCE OF if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 8 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the be estigation, in my opinion, death occured at the time, dats and place, and due to the cause(s) and menner as stated. 296. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3698 PLETED-CAUSE OF DEATH (ITEM 27) (Type, Print) Kober

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rSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
attending	se as the		
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retained	Should 8		id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN:

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Pages 1, 2, 3

ITEMS: 19a& 19b, PER F.H. FILM G-706 12/21/93 t.t 37061 93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Whiteman 2. DATE OF DEATH 3. TIME OF DEATH BENJAMIN 9:02 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-01-6687 (Month, Day, Year) MARYLAND 1 M 2 F 80 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital SINal DIRECTOR Baltimore Balt CIT RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21715 Clarks 400 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 WHO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried FORCES? 1 YES 2 white BY 3 Widowed 4 Divorced WII COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high mentary/Secondary (0-12) FURNITURE College (1-4 or 5+) SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) MORRIS WHITEMAN BESSIE MASSING BE 190. INFORMANT'S NAME MRS. MARCIA WHITEMAN 196. MAILING ADDRESS: 4001 CLARKS LANE. APT. 505 BALTO. MD. 21215 8417 Bellova Ca. Ste 101 Batt, 110 21 2 Balt 209. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 B Buriel 2 Cremation 3 R FINKSBURG, MD BETH JACOB 12/17/93 SOLMETEVENSON FACILBROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 lions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or Heart failury. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in desth) Neumonia DUE TO (OR AS A CONSEQUENCE OF): obstruction Bladder ou CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CHF cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST ASCVD PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pendi M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.

2 MEDICAL EXAMINER: On the be end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MAR 117803 17-15-93 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. 8417 Bellowa La Ste 101 Batt, MD 21204 WARREN svae

DHMH-t8 Rev 1/89



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TO THE De filed IMPOR	TO THE MENTANCE OF TRENDING PHYSICIAN: The law requires that the death certificate be executed within a flour death. Page 6 may be retained by the hospital or attending physician. TO THE PLACE AND ACTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within a form with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI	IOAIL	OF DEATH	2. DATE	REG. NO.		33	طيلي الرائي
Corinne	W	ashingtor	1		Dec	H D/	l - 199	YEAR 3	12 · 45 A
4. SOCIAL SECURITY NUMBER 212-24-9337	5. SEX 6	AGE (In yrs. lest birthday)	IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE (Mont	OF BIRTH	0.		LACE (State or Foreign
Sa. FACILITY NAME (If not institution, give s	treet and number)	11/1	9b. CITY,	TOWN OR LOCATION OF	Ser)t.]]	9c. COUNTY	Y OF DE	ATH .
RESIDENCE OF DECEDENT	OHIS.	N. H.	1	29/10.	(0				
10a. STATE 10b. COUNTY		10c. CI	TY, TOWN O	a Ly6.	Ce).			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2300 SUL	aney!	Valley	ed,	10f. ZIP CODE	04	_	10g. CITIZEI	N OF WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEMENT FORCES? 1 [IF YES, GIVE WAI	YES 2 AND	- 11	MAS DECENDENT OF HISP. If yes, specify Cuben, Mexi-	can, Puerto	Y? (Specify Yes Rican, etc.)		Black,	- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'	S USUAL OC	OCUPATION during most of working	166	. KIND OF BUS	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)						
17. FATHER'S NAME (First, Middle, Last)	hnista	in		16. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
190. INFORMANT'S NAME (Type/Print)	td	19b. MAILIN	G ADDRESS	Street and Number or Rure	Route Num	ber, City or Town	n, State, Zip Co	ode)	1218
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Final 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DATE cemetery, cremetory or		ITION (Name)	DAT	E 201.10	EATHON - OF	y or Tow	n, Steta
				I II But I		1000	LE LOT	1 -	1/10
21. SIGNATURE OF SOMERAL SERVICE LIC	ly/m	lle	-	NAME AND ADDRESS OF	the	n #/r	1 /8	334	alua.
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Demen	o on each line. tia R AS A CONSEQUENCE	not entar	Seff Minter the mode of dying, su	the as can				Approximate interval Between
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DHMH-16 Rev 1/89

1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death, Page 6 may be retained by the hosp	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		
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9 5	ler I	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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EDWARD OBAZEE,

31. DATE FILED (Month, Day, Year)

DEC 21 1993

M.D.,

0		1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIE REG. N		3 37063
		1. DECEDENT'S NAME (First, Middle, Last) ELROY W. WRIGHT					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	14,199	9:30 a. 8. BIRTNPLACE (State or Foreign
		213-12-4474 9e. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DA	YS HOURS MIN.	EPTEMBER	6,1919	BALTIMORE, M
	DIRECTOR	VA MEDICAL CENTI			FORT H	OWARD	EATH	1	TY OF DEATH CIMORE
	EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c. Ci	TY, TOWN OR LO	CATION			10d. INSIDE CITY
		MARYLAND BALT	MORE	100	sex				1 WES 2 X NO
	VERAL	404 WRIGHTS Lan	2			21221		US	EN OF WHAT COUNTRY?
	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 [X YES IF YES, GIVE WAR OR E 6/13/44 to	2 □NO WW	Z If yes	DECENDENT OF HISPA I, specify Cuben, Mexico YES 2 NO Specific	an, Puerto Rican, etc.)	fee or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT L	work done during	PATION g most of working	16b. KIND OF E	USINESS/INDU	ISTRY
9	COMP	8		% looT	Die Mal			Space	
d at once.	ш	JOHN L. WRIGH	IT			Annie	AME (First, Middle, Meidle ZAMETZER		
notified	TO B	190. INFORMANT'S NAME (Type/Print) Lena M. Wright				s Lane E	Route Number, City or T		
t be		204.,METHOD OF DISPOSITION		b. PLACE AND DATE	OF DISPOSITIO				Ity or Town, State
must		1 XBurial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	Our	metery, cremetory or cak Lawn		12/	17/93 R	ltimo	re County, Md.
		21. SUSTINITURE OF FUNERAL BERVICE L		1//		E AND ADDRESS OF FA		ILCIIIOI	E COUNTY, MO.
al. examiner	M	Deckneff	Somely	1		zdzinski 1 7 Fastern			Maryland 2122
il, cremation, or removal		23/PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	LIST ONLY ON CAUSE ON C	PIRATORY A CONSEQUENCE C	ARREST	mode of dying, suc	ch es cardiec or rea	piratory arre	Approximate interval Betwee Onset end Deat
to buria	TION	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE O		SEASE, S/E	PACEMAKE	IK INSE	KITON
Mental Hygiene prior jury, or other trau	RTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE O	OF):				
Mental Hy	CERI	resulting in death) LAST	d						
of Health and shows any In	4: MEDICAL	S/P JEJUNOSTOMY,						ORMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (CI	heck only one)		1
or it	YS	t TYES 2 X NO	HOSPITAL:		4 🗆 Nursing	Home 5 🗆 Residence			
after death with 28 is marked,	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b, Til	JURY	NORK?	28d. DESCRIBE NOV	V INJURY OCCI	JRED
after de	ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	IY — At home, farm, ecify)	street, factory,	office	281. LOCATION (Stree City or Town, Sta	et end Number o	or Rural Route Number,
within 72 hours	COMPLE	anat .	SICIAN: To the best of my know IER: On the basis of examination						od.
be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CENTIFIE	Heeren ni	5		29c. LICENSE NU	MBER		SIGNED (Month, Day, Year) 2/14/93
2 2	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type	e, Print)			1 12	114/93

VA MEDICAL CENTER, FORT HOWARD, MD 21052

DHMH-16 Rev t/89

1 - FOR STATE REGISTRAR 37064 93 CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 12 16 1 3. TIME OF DEATH Sophie Edwina Watkins SOPHIE **EDWINA** WATKINS 1993 6:39 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 212 46 6750 DAYS HOURS 1 M 2 F YRS. 02/11/1945 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 1, 2, 3 4217 MORRISON COURT BALTIMORE RESIDENCE OF DECEDENT Pages 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 4217 Morrison Court 21225 the burial-transit the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 87 3 Widowed 4 N Divorced White use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ò ntary/Secondary (0-12) College (1-4 or 6+) 9th Grade Secretary Watkins Electric Page 6 may be retained by the hospit al director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward J. Clark Sophie notified at 踞 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Talbot Watkins 8553 Kim Marie Court Pasadena, Maryland 21122 9 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Baltimore National Cemetery12/20 Donation 5 - Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral George J. Gonce Funeral Home P.A. urs after death. namun 4001 Ritchie Hwy. Baltimore, Md. 21225 removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by shock, or heart feliure. List only one cause on each line. interval Batween 6 filled Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition evisseenone resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION traumatic and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING physician that the death certificate be other t CAUSE (Disease or injury Hygiene that initiated events DUE TO (OR AS A CONSEQUENCE OF): the attending p resulting in death) LAST 6 Injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO PHYSICIAN: MEDICAL signed by the any COMPLETION OF CAUSE 1 TES 2 NO Shows 1 YES 2 NO t. of h Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL: OTHER: 1 TYES 2 - NO 1 | Inputient 2 | ER/Outputient 3 | DOA 4 ☐ Nursing Home SXX Residence 6 ☐ Other (Specify) 6 the 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO L DIRECTOR; After the 2 hours after death w BY 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) TO THE HOSPITAL.
TO THE FUNERAL IS
TO THE WITHIN 72 h
IMPORTANT: If IS 2 🚂 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SILIVAT AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. 12/17/1993 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. LAKON Locke= Purn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, Year

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	the same of the same of the same of
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 5	1. DECEDENT'S NAME (First, Middle, Less ASH LEE	MONET	WHITE		2. DATE OF DEATH BONTH D	AY 9	73 YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 212-31-3061		GE (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 9-19-	86	B. BIRTH	PLACE (State or Foreign
TOR	SINAI HOSP			96. CITY, TOWN OR LOCATION OF I	DEATH	9c, COU	NTY OF DE	EATH
DIRECTOR	MD 10b, COUN	тү		TOWN OR LOCATION				tod. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3412 COPLEY	RD		10f. ZIP CODE 2121.	5		S.A	THAT COUNTRY?
BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? t 1	ER IN U.S. ARMED YES 2 NO OR DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cubert, Maxis 1 YES 2 NO Specific	can, Puerto Rican, etc.)	e or No-	14. RACE Black, Specify	— American indian, , White, atc. y: BLACK
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BU	ISINESS/INC	DUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		IN/		AME (First, Middle, Maiden	Sumame)		
BE C	CLARENCE WHI	re		SHEI	LA ALSTO	N		
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rura	I Route Number, City or Tow	vn, State, Zip	Code)	
	PATTY ALSTON		3412	COPLEY RD	l and large			200
	20s. METHOD OF DISPOSITION t (XBurial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place) KING MEMORIAL PARK 1215 93 RANDALL STOWN, MD							
	23. PART I. Enter the diseases, or	complications that car	used the deeth. Do n	MARCH F/H-				
	23. PART I. Enter the disesses, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause of PNE	on each line.	ot enter the mode of dying, eu	ch as cardiac or resp	elratory an	rest,	Approximate interval Between Onset and Das 30 along
NOIL	immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	e. List only one cause of PNE	on each line.	ot enter the mode of dying, eu	ch as cardiac or resp	elratory an	rest,	Approximate interval Between Onset and Das 30 days
ERTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause of PNE	on each line.	ot enter the mode of dying, eu	ch as cardiac or resp	elratory an	rest,	Approximate interval Between Onset and Das 30 along
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AN: MEDICAL CE	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. WANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR DUE TO	AS A CONSEQUENCE OF	ot enter the mode of dying, au A B: TORY DISTR Control of the underlying cause given in 28. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence of WORK? AND TORY WORK? 1 YES 2 NO	CH as cardiac or respective to the control of the c	DRO NAUTOPSY RMED? 22 NO	PORTON E	Approximate interval Betwee Onset and Das 30 day 300 day 300 day 300 day 300 day 300 day 500 d
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STA	TE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEA	TH		REG. NO.

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-	REGISTRAR			ATE OF DEATH	REG. NO	IE J	
	1. DECEDENT'S NAME (First, MIGGIN, ARRIVA	E LOUISE	WARFIELD	FIELD	2. DATE OF DEATH DO NONTH DO NOTH	7 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) F t	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)
	213/22/1697	1 □ M 2 🖟 🕺 92			5/8/1901		MD
œ	Sa. FACILITY NAME (If not institution, give ST AGNES HOS		9b.	BALTIMORE	DEATN	9c. COUNTY	OF DEATH
010	RESIDENCE OF DECEDENT					1	
DIRECTOR	MD N	I/A	A STATE OF THE STA	ALTIMORE			10d. INSIDE CITY
	10e. STREET AND NUMBER	I/A	DE	101. ZIP CODE		10g. CITIZEN	YES 2 NO
FUNERAL	3330 WILKE	CNS AVE.		21229		US	A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed MX Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	S 2XX NO	13. WAS DECENDENT OF NISP. If yes, specify Cuban, Maxis 1 YES 2XXNO Specify	can, Puerto Rican, etc.)	s or No- 14.	BACE — American Indian, Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S USU.	AL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUST	TRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	(red.)	Civil	Servi	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	none	Laundry	18. MOTNER'S N	IAME (First, Middle, Maiden		CC
BE C	EDGAR	T. W	VARFIELD		ELLA	C.	WATTS
TO B	19a. INFORMANT'S NAME (Type/Print)	1017		DRESS (Street and Number or Rura			de)
	RAYMOND L. DISN		0b. PLACE AND DATE OF DIS	LEN AVE. ANNAI			as Tanan Cart
	1 Donation 5 Other (Specify)	moval from State	emetery, crematory or other p	observa J	12/20/199	CATION — CHY	MEADE, MD
	21. SIGNATURE OF FUNERAL SERVICE L		DETREE	22. NAME AND ADDRESS OF F		J 11 .	TELLOE, III
	1/1/2/	holles		SINGLETON FU	JNERAL HOME	, GLEN	BURNIE, MI
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RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR NO	S A CONSEQUENCE OF): That S A CONSEQUENCE OF):	Infector	/ Sepsiz		
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST PART II. Other algnificant conditions that initiated events reauting in death) LAST PART II. Other algnificant conditions that initiated events reauting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATN 1 Netural S Pending Investigation investigation determined 2 Accident determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W.	DUE TO (OR AS DUE TO	Tract B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in the state of the state	26. PLACE OF DEATN (CONTINUED IN THE PICE OF DEATN (CONTINUED	n Part I. 24a. WAS AN PERFOI 1 YES : Check only one) 8 Other (Specify) 28d. DESCRIBE NOW I City or Town, State, see to the cause(a) and make the time, dete and place, ar	and Number or I	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 ED Rural Route Number, suse(a) and manner as a GNED (Month, Day, Year)

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO GLADYS VIRGINIA 1. DECEDENT'S NAME (First, Middle, Last) ZELLNER 2. DATE OF DEATH MONTH 12 18 ad inica e(1/102 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 219-05-8547 1 M 2 F YRS. 23 phone 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 3 W. PRATT & FULTON AVE BALTIMORE CITY Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY MARYLAND BALTIMORE permit. 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1605 McHenry Street burial-transit 21223 hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 — YES X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 🖾 Widowed 4 🗌 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 10 Elementary/Secondary (0-12) College (1-4 or 5+) CAFETERIA WORK detached 8TH GRADE FIRST NATIONAL BANK once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the CHARLES STULTZ 9 70 LOTTIE HATFIELD Page 6 may be retained by BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TIMOTHY JAMES MADDEN 616 MAIN STREET-P.O. BOX 807-REISTERSTOWN, MD ag g 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION -- City or Town, State DATE must funeral director, OLIVET CEMETERY 4 Donation 5 Other (Specify) _ 12/23 BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. HUBBARD FUNERAL HOME INC. Dama and completely filled in by the burial, cremation, or removal. 4107 WILKENS AVENUE-BALTIMORE. ours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fellure. List only one cause on IMMEDIATE CAUSE (Final the disesse or condition event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician I Mental Hygiene prior to certificate be CAUSE (Disease or Injury that Initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the amy YES 2 NO f. of h PHYSICIAN: has by Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one certificate h the State 1, or Item Item FYAMINER HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 X Other (Specify) AT SCENE XX YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending 1 TYES 12-18-1993 9:45A. BY 2 Accident
3 Suicide PEDESTRIAN STRUCK BY TRUCK After death 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 65 ETED. 6 Could not be DIRECTOR: / 4 Homicide 28 datermined ON STREET W. PRATT & FULTON AVE Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated, COMPL (Check only one) HOSPITAL FUNERAL within 72 | KTANT: # TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 2 💹 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as elated. 286, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 37067

9:50

8. BIRTHPLACE (State or Foreign

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Bleck, White, atc.

U.S.A.

Specify:

MD

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 .NO

WHITE

21136

21229

Approximate

24b. WERE AUTOPSY FINDINGS

OF DEATH? YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

▶ 12-19-1993

O.C.M.E.

111 Penn Street, Baltimore, Maryland

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Between

Onset and Death

AM

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DHM	H-16 R	av 1/89

21201

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ANO AODRESS OF PERSON ARON

1 1993

31. DATE FILEO (Month, Day, Year,

5. SEX

Zangwill

ASWELL

1 - STATE REGISTRAR

Morris

4. SOCIAL SECURITY NUMBER

099-10-7876A

9s. FACILITY NAME (If not institution,

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

NORTHWEST HOSPITAL CENTER

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020	hysic	urial
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N OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be executed within	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, at with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIRECTOR 10c. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE MARYLAND 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE APT. 515 21208 11 SLADE AVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES Z NO Specify: BY 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) SALESMAN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname)
TILLIE CHARLES ZANGWILL BE notified 19e. INFORMANT'S NAME (Type/Print) MARTIN ZANGWILL 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11 SLADE AVE 99 YOL METHOD OF DISPOSITION

1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must MOSES MONTEFIORE WOODMOOR HEBREW 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 16-2 6010 REISTERTOWN RD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one ceuse on each line IMMEDIATE CAUSE (Final the disease or condition resulting in death) sepsis event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST Injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL Coronery or peroleal vascular d152958 PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? MOSPITAL:
1 Dinpetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked. Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation DIRECTOR: After hours after death 28s. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 3 Suicide 40 6 Could not be COMPLETED 4 Homicide 28 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFUER 29c. LICENSE NUMBER BE UX umo 2 30. NAME-AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ), Plint) Rangellapory Kahh

93 37068 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 1 G 045 IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE /State 971/1905 NEW YORK 96. CITY TOWN OF LOCATION OF DEATH RANDALLSTOWN BACTIMORETH 10d. INSIDE CITY LIMITS? X 190 STIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. WHITE 16b. KIND OF BUSINESS/INDUSTRY SMELKINSON BROS. GREENMAN APR 515 BALTO MD 20c. LOCATION — City or Town, State 12/17/93 BALTO., MD 21215 Approximate interval Between **Onset and Death** 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE PERFORMED? 1 TES 2 NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 29d. DATE SIGNED (Month, Day, Year)

X 68760 BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or artending physician.	sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Copt. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TION TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL TO ATTENDIAL PHYSICIAN THE BW requires that the death certificate	TO THE FUNERAL DIRECTOR Are the centrical has been signed by the attending physician and completely filled in by the fune be filed within 72 lower after death. The State Dript, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, If them 28 is marked, or them 23 shows any Injury, or other t	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTA	L HYGIEN		93	37071
1	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATN			3. TIME OF DEATH
	MICHAEL	W.	BELK			12		- 93	YEAR	2:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN h, Day, Year)		. BIRTHP	PLACE (State or Foreign
	508-78-8866 9a. FACILITY NAME (If not institution, give s		37 YRS.	MONTHS DAYS	OR LOCATION OF I	05	-23-56	9c. COUNT		AFRICA
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	too. STATE tob. COUNTY MARYLAND HO	WARD	toc. Ci	COLUMBI						tod. INSIDE CITY
	10e. STREET AND NUMBER	WARD			I. ZIP CODE			Tan- OITITE		t TYES 2 NO
FUNERAL	10415 HICKORY RID	GE ROAD AF	PT A		2104	4		log. Ciliza		S.A.
BY FUR	1t. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR	2 X NO	If yes, sp	CENDENT OF NISP/ pecify Cuban, Mexic 2 NO Spec	cen, Puarto I		or No- 1		— American Indian, White, atc. WHTTE
	15. DECEDENT'S EDU		16s. DECEDENT'S	USUAL OCCUPATI	ON	16b	KIND OF BUS	SINESS/INDU:	STRY	MIITIE
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during mo ise retired.)	ost of working	Н	OWARD	COUNT	Y BO	DARD OF
Ž	11		CUSTODI	AN		E	DUCATI	NOI		
ວົ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
E E	GEORGE W. BELK				YOHANN					Yamnik
2	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street)						
1	JILL T. BELK (WIF									ZLAND 21044
	1 Burtal 2 Cremellon 3 Rame	oval from Stata Co	h. PLACE AND DATE metery, cremetory or o	other place)		DAT		CATION — CI		
1	4 Donation 5 Other (Specify)	ENGEP *	INCOLN ME		ASSOC. 12 ND ADDRESS OF F		3 LINC	OLN.	NEBI	RASKA
- 1	Ухимена) *					I.C.	אַייידוו	יו דיו	VERAL HOMES
4	23. PART I. Enter the diseases, or o	gai	_							
	IMMEDIATE CAUSE (Final	List only one causa on	aach line.		ode of dying, su	ch as card	flac or respi	ratory arres	H,	Interval Between Onset and Death
	resulting in death)	B. RESPERA	A CONSEQUENCE O)F):		_				Jusski.
z		a Esopha			enteret	د عزا	· Large	10		
	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE C	PF):			1 3			
HILICATION	CAUSE (Disease or injury	c								
┋║	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	NF);						
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اي	PART II. Other significant condition			in the underlyin	g cause given in	n Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
3	Radialin th	scult to cl	very.			[PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Į Į	Chruic Anom	59						1	1	YES 2 NO
2										-,
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	hack only on	e)			
ō	1 TYES 2 NO	1 Inpatient 2 ER/Out	Ipetient 3 DOA	OTHER: 4 Nursing Hon	na 5 Rasidenca	6 🗆 Othe	r (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	JURY 28c. INJ	JURY AT	28d. DES	CRIBE HOW II	NJURY OCCU	RED	
2	1 Natural 5 Pending Investigation				YES 2 NO					
COMPLEIED	3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, scily)	street, factory, offic	•	26f. LOC.	ATION (Street a or Town, Stete)	and Number or	Rural Ro	ute Number,
7	29a. CERTIFIER	CIAN: To the best of my know	wledge, death occur	red at the time, date	and place, and du	e to the cau	se(a) and man	ner ee eleted		
5		R: On the beals of examination								and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NU					Month, Day, Year)
	Jan K. Mun	Jed Mr			D 3 0		l	▶ 12 ·		
2	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type	, Print)	3,3				-	-4
	2 Knill Din		M 230		15					
	31. DATE FILED (Month, Day, Year)	32. REGICTRAR'S SIG	NATURE	-						
W	DEC 221993	ne senden for	LULE							

DHMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. that the death certificate be and signed by Health peed 0 The law OR ATTENDING PHYSICIAN: After death DIRECTOR: / THE HOSPITAL

LAWIN

31. DATE FILEO (Month, Day,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WILBUR BRADLEY 12 Stima 0.3 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs last birthday) 7. DATE OF BIRTH (Month, Pay, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 25 DAYS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1200 CHERRYHILL ROAD APT.I BALTIMORE CITY RESIDENCE OF DECEDENT SDE SYSTEM CITY YES 2 NO permit. FUNERAL 10g. CITIZEN OF 10f ZIP CODE 122 use as the burlal-transit hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea If yea, specify guban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN UNI 1 YES Never Married 2 Married IF YES, GIVE WAR OR DATES! BY 1 YES 2 7 NO Specify: Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) SSD. KIND OF BUSINESS (Specify only highest g JO. dary (0-12) or 5 +) detached once. funeral director, page 5 should be 16 BE notified 2 pe METHOD OF DISPOSITION Buriel 2 Cremetion 3 -20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Donation 3 - Other (Specify) examiner NE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY or removal. medical 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) ENTRED event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE amy Shows 1 TES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Hem certificate I h the State d, or item EXAMINER HOSPITAL: OTHER: YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 1 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, Natural 1 YES 2 NO BY Acciden 28e. PLACE OF INJURY - At home, farm, street, fectory, office 8 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II 2 🔯 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 12/19/1993 2 PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) AND ADDRESS OF

111 Penn Street, Baltimore, Maryland

DHMH-18 Rev 1/89

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Mark Addison

	TO THE HIGH FALL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hosp	The FEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by hours after death with the Case page 15 should be detached.	INPORTANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
TRAR	CERTIFICATE OF DEATH RE	G. NO.

	1 - STATE REGISTRAR	STATE OF M) / DEPAR					MENTA	L HYGIEN		3	37069
	1. DECEDENT'S NAME (First, Middle, Last)	210							2. DATE	OF DEATN		EAR 3.	TIME OF DEATN
		Riley							Dece	mber	21, 19	993	2;50am M
	The second secon	6. SEX 1)∑M 2 ☐ F	8. AGE (In yrs	. last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Monti	OF BIRTH 1, Day, Year) 8 to 1 9 1		Country)	ACE (State or Foreign Uland
	So. FACILITY NAME (If not institution, give stre	set and number)	30		9b. CITY	, TOWN	OR LOCATION	ON OF DI		0-171	9c. COUNTY	-	
TOR	Franklin Square	Hospital)		R	ossi	ille				Ba	etim	ore
FUNERAL DIRECTOR	Maryland 10b. county	Balt		10c. CIT	Y, TOWN (OR LOCA	TION	Mic	ddle	River		100	LIMITS?
FERAL	3823 Bayville Ro	pad				10	r. ZIP CODI		212	20			States
P.		12. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT C	F NISPAI	NIC ORIGIN	17 (Specify Ye	14.	. RACE -	- American Indian, Vhita, etc.
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	R OR DATES				2 (X) NO			nosn, stary		Specify:	White
	15. DECEDENT'S EDUCA	ATION	UWII	DECEDENT'S	USUAL O	CCUPATION	ON		16b	KIND OF BL	JSINESS/INDUS	TRY	wille
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of life. Do NOT u	work done se retired.)	during mo	ost of working	g				,,,,	
APL	8th Grade			Scar	sing				E	Bethle	hem St	eel	Corp.
SO	17. FATNER'S NAME (First, Middle, Lest)						18. MOTI	IER'S NA	AME (First, I	Aiddle, Maide	n Surname)		
BE (George Adey						Lo	tti	e J.	Pierm	an		
10	19a. INFORMANT'S NAME (Type/Print)										wn, Stete, Zip Co		
	William M. Adey							ad			ver, M		
	20e. METNOD OF DISPOSITION 1% Burlei 2 Cremation 3 Remove	val from State	20b. PLA cemetery,	CE AND DATE	OF DISPOS	SITION (N	ame of	1021	1 0 0 2	E 20c. L	OCATION - City	or Town	Maryland
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	Dan	Lawn	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	3/1	4			I	uda•	-Ruck	. Fu	neral		k. MD		k, Inc.
Н	-23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Finel	lat only one caus	e on each	line.						-			Interval Between
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	THE OWNER OF TRANSPORMENT THE LAW REQUIRES THAT THE CHAINCARE OF DESCRIPTION OF THE CONTROL OF T	FOREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p		ince.
	De retained by tr	be 5 should be c		e notified at c
	n. rage o may	eral director, pag		niner must be
	FOUR STEE OF	lled in by the fun), or removal.	medical exam
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a sheet the dead	S that the death	and by the after	alth and Mental	s any Injury, o
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THE CHAPTER	DING PHYSICIAN	After this certific		NATE is them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
STATE OF THE	TAL UN ALIEN	HAL DIRECTOR:	72 hours after	If Item 28 Is
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ermit. Pages 1, 2, 3 should

DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
Webster (NM	N) Bell,	Jr.					Dec		MY 19	93	8:30 P
SOCIAL SECURITY NUMBER	5. 8EX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		6. BIRT	HPLACE (State or Foreign
062-10-1500	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	Jan	29	1913	Ma	ryland
e. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY,	TOWN C	OR LOCATION OF D	EATH		9c. COU	INTY OF I	DEATH
151 Williams S	treet			Be	el A	ir			Н	arfo	rd
RESIDENCE OF DECEDENT 10b. COUNT	TV		100 CIT	ry, town o	D LOCAT	TON.					10d, INSIDE CITY
and the second section in the section in	rford			Bel A		ION					LIMITS?
De. STREET AND NUMBER	24024			201 1		. ZIP CODE			10a, CI7	IZEN OF	WHAT COUNTRY?
151 William	s Street					21014			US		
I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. \	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Ye	e or No-	14. BAC	E — American Indian, ik, White, etc.
☐ Never Married 2 🛣 Married	FORCES? 1 IF YES, GIVE W WW II	AR OR DATES	∐NO	1	f yee, sp	2 NO Speci	nn, Puerto l ly:	lican, atc.)		Spec	ik, White, etc.
☐ Widowed 4 ☐ Divorced	WW 11	-		21							White
15. DECEDENT'S EDI (Specify only highest grad		16a.	Give kind of	work done o	CCUPATIO	ON st of working	16b	KIND OF BL	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +		lite. Do NOT u					0.1			
PATAPPAG NAME (5)	3	I A	Accoun	tant		11 (5)		0il (ny	
FATHER'S NAME (First, Middle, Last)	0.11 0					18. MOTHER'S NA			Surname)		
Webster (NMN) B	sell, Sr.		*** ****			Lotta	-				
Mrs. Ann Griffin	Ro11					nd Number or Rural					
METHOD OF DISPOSITION	DETT	205 01 4	CEANDDATE			Street,					
☐ Buriel 2 ☐ Cremation 3 ☐ Ren ☐ Donation 8 ☐ Other (Specify)	noval from State	cemetery.	crematory or o	other place)		Dec	OAT	1993	To the m	- City or 1	own, State
		- Heti	o cre	malor	L Y 9	LIIC.			4211 (111)	SVII	Te. MD
I. SIGNATURE OF FUNERAL SERVICE L	CENSEE								340011		
Martin OCC	Xewson			22. I	NAME A	on-Mitch	ell-	Wiede	feld,	Inc	
Martin D. I	awson complications that	t caused the	death. Do (22. 1	Lemm 10 W	on-Mitch Padoni	ell- a Rd	Wieder	feld,	Inc	D 21093 Approximate Interval Between
Martin D. I	complications that	t caused the	death. Do r	22. I	Lemm 10 W	on-Mitch Padoni	ell- a Rd	Wieder	feld,	Inc	D 21093 Approximate Interval Between
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PRISCON: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending physician. In critical has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be with the standard Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	100. STF 2000 11. MARY 100. STF 2000 11. MARI 1 1 1 No 3
PRISCONT THE Law requires that the death certificate be executed within. Flows after death. Page 6 may be retained by the hospital or attending physician. The certificant has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train the State Cept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Y PHYSICIAN: MEDICAL CERTIFICATION	23. PA thmeE disease resulti Sequeif any, cause. CAUSE that in resulti 25. WAS 27. MAN 1

FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN		GIENE 9	3 37073
1. DECEDENT'S NAME (First, Middle, Last) REBIA J. BROOKS				2. DATE OF DE MONTH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 242-58-4150	1 □ M 2 XXF 53	YRS. MONT		M. (Month, Dey. 2	- 40	N. CAROLINA
9a. FACILITY NAME (If not institution, give a FRANCIS SCOTT KEY RESIDENCE OF DECEDENT		96. (BALTIMORE	OF DEATH		Y OF DEATN
106. STATE 106. COUNTY MARYLAND	n/a	10c. CITY, TOV	BALTIMORE		10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO} \) NO	
100. STREET AND NUMBER 2000 ODELL AVENUE	apt 610	101. ZIP CODE 21237			EN OF WHAT COUNTRY? ED STATES	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2V NO If yes, specify Cuben, it					4. RACE — American Indian, Black, White, stc. Specify: BLACK
1s. DECEDENT'S EDU (Specify only highest grade Elementary(Secondary (0-12)	CATION 16 completed) College (1-4 or 5 +)	Give kind of work do life. Do NOT use reting UNEMPTOYE	one during most of working id.)		of Business/INDU	STRY
17. FATHER'S NAME (First, Middle, Last) DAVID BROOKS			18. MOTHER* ADDIE	S NAME (First, Middle, MC CRAY	Malden Surname)	
196. INFORMANT'S NAME (Type/Print) JAMES W. BROOKS /	PATRICIA BROOKS		ONEER DRIVE,			
20s. METNOD OF DISPOSITION 1)(X) Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	corner over the corner over th	ACEAND DATE OF DIS			20c. LOCATION — CI BALTIMORE	ty or Town, State E, MARYLAND
· Ree V	: Hollar	d	WM. C. MARCH		E. NORTH A	AVENUE
snock, or hear failure. tMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Did to (or as a co	ONSEQUENCE OF):	Failure			3 day
PART II. Other algnificant condition Huger Conquer Remail insulfi	e contributing to death but	not resulting in the	underlying cause give		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outpatie		26. PLACE OF DEATH			
27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCU	RED
2 Accident Investigation 3 Suicide a Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,			(Street and Number of	Rural Route Number,
one)	ICIAN: To the best of my knowledg					
29b. SIGNATURE AND TITLE OF CENTIFIE			29c. LICENSE	NUMBER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	R DD	(ITEM 27) (Type, Print)	MO			

3 should	E	1. DECEDENT'S NAME (First, 4. SOCIAL SECURITY NUMB 217-20-550 90. FACILITY NAME (If not in) 6935 Be1c1	ER 8 attrition, give	5. SEX 1 M 2 F atreet and number)	1ga Pa AGE (In yrs. les	t birthday) IF U YRS. MON'	ina Bayne 2. DATE OF DEATH MONTH 2. DATE OF DEATH MONTH 2. DATE OF DEATH MONTH 3. DATE OF BIRTH (Morth, Day, Year) 4. MONTHS DAYS HOURS MIN. 2. DATE OF DEATH (Morth, Day, Year) 4. Days Hours MIN. 5. DATE OF DEATH Dundalk			0AY 9.	S. BIRTHPLACE (Stote or Country) Dundalk, Md. 9c. COUNTY OF DEATH	
Pages 1, 2, 3	RECTOR	RESIDENCE OF DEC	EDENT 10b. COUNT	γ		10c. CITY, TO	WN OR LOC			Ва	ltimore 10d. INSIDE CITY LIMITS?	
permit.	ERAL DIR	Md. 100. STREET AND NUMBER 6935 Be1c1		ltimore Road		Dund		10f. ZIP CODE 21222			1 ☐ YES 2 💢 NO ZEN OF WHAT COUNTRY?	
215-0020 attending physician. se as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAF	YES 2 N	YER IN U.S. ARMED 13. WAS DECENDENT OF NISP YES 2 NO II yes, specify Cuban, Mex			n, Puarto Rican, etc.	Yea or No-	14. RACE — American Indian, Black, White, atc. Specify:	
D 213	PLETED	Elementary/Secondary (0 12th grad	e	JCATION s completed) College (1-4 or 5+)	(Gi	CEDENT'S USUA tive kind of work of Do NOT use reting	done during i red.)	most of working	CIvil	BUSINESS/INDI		
RYLAN led by the hould be detach	111	17. FATHER'S NAME (First, M) Walter Hn 190. INFORMANT'S NAME (7)	atni	ck				Pauli	ME (First, Middle, Mail	ık		
E, MAR's be retained by be retained bage 5 should be notified		Calvin Ch	arle	s Bayne			Be1c		, Dunda	lk, Ma	Code) 1 ryland 21222 City or Town, State	
BALTIMORE, er death. Page 6 may be the funeral director, page ral.		1 N Buriel 2 Crematio 4 Donation 5 Other 21. SIGNATURE OF TUNERAL	n 3 🗆 Rem (Specify)	CENGEF Peter S	Oak L	ton	aus1 22. NAME Brad	ouem ANO ADDRESS OF FA ley-Asht	2-22-93 Gury Son Fune	Bal eral H	timore, Md. 21222 Iome, INc. Balto. Md.	
P.O. BOX 68760, the certificate be executed within fours after ending physician and completely filled in by I litygiene prior to burial, cremation, or remore the medical per or their traumatic event, the medical	ERTIFICATION	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentially list conditi if eny, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	one, tilate	a. Brone DUE TO (0	to Phey	OUENCE OF):	nter the n	D Zung	h ee cerdlec or re	epiratory erro	Approximate Interval Batween Onset and Daeth 5 days 8 mandles	
RECORDS requires that the deepen signed by the confident and Measth and Measthows any Indian	MEC	PART II. Other eignifica	nt condition	ne contributing to de	eath but not r	esulting in th	e underly	ing ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
OF VITAL RE HYSICIAN: The law req his certificate has been with the State Dept. of	12	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		ОТ	HER:	PLACE OF DEATH (Ch		(u.s.	- Home Hospice care)	
	ву РНУ	27. MANNER OF DEATH 1 Netural 5	Pending nvestigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME OF INJURY	28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO			
DIVISION DIRECTOR: After bours after death	E	3 Suicide 5	Could not be letermined	28e. PLACE OF I building, et	NJURY — At ho c. (Specify)	me, ferm, street	, factory, of	fice	281. LOCATION (Str. City or Town, St		or Rural Route Number,	
	MPL	anal —		ER: On the best of m							ed. e cause(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72	TO BE	296. SIGNATURE AND TITLE	B. Fin	= M.P	٥			Do 2	MBER 175		E SIGNEO (Month, Day, Year)	
4		30. NAME AND ADDRESS OF ROLFE B	.FII	VN.M.D.	8524	WIND	NOS	ROAD, RA	NPALISTON	N,MD	2/133	
		DEC 22199	0.1	Juli Sinten	SIGNATURE							

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent of Health and Mental Hybriden prior to burial cremation, or removal	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exect	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral physician and completely filled in by the funeral physician after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumati

GEORGE	AE (First, Middle, Last)	J		F	BUSSEY,	SR	2. DATE OF DEATH	8 9	3. TIME OF DEATH 07:15 PM
4. SOCIAL SECURIT		5. SEX 1 □ M 2 □ F	B. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
217-12-	(If not institution, give		70	YRS.	9h CITY TOWN	OR LOCATION OF DE	Oct. 23,	1923 N	Maryland
NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BUR RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Hanover							200		A.A. COUNTY
Maryland	10b. COUNT			10c. CITY	TOWN OR LOCATION	ATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 7522 Race Rd. 21076							1 □ YES 2 1 NO N OF WHAT COUNTRY? ed States		
11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Married	12. WAS DECEDENT FORCES? 1 THE SECOND STATE OF THE SECOND	YES 2	RMED	If yes, s	CENDENT OF HISPAN	HIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDU	JCATION completed) College (1-4 or 5 +)	(1	ECEDENT'S Give kind of w	USUAL OCCUPAT rork done during n e retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INDUS	White
6		Conada (1-4 ot 3+)	Ma:	intena	ance Wo	rker	County	Govern	nment
17. FATNER'S NAME							ME (First, Middle, Malden		
Otto W1.	lliam Bus	ssey					Skawronski		
Maralene							Route Number, City or Tow		yland 21061
			4		421	Crain Hyv	ck Funeral	en Rur	coio MD 210
23. PART I. Enter ahoci IMMEDIATE CAUS disease or condi- resulting in desti	k, or heart failure. SE (Final tion	a. Completiona that countries a.	on each lin	leath. Do n	ot enter the m	Crain Hwy	., S.E. G1 h aa cerdiac or reepi	en Bur	t, Approximate interval Betw
immediate caus disease or condi-	conditions, immediate Der Injury	a. Due to to	on each lin	EQUENCE OF	421 of enter the m	Crain Hwy	., S.E. G1	en Bur	t, Approximate interval Betw
IMMEDIATE CAUS disease or condi- reaulting in desti- sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated ever- resulting in death	conditions, immediate DERLYING or injury his LAST	a. Due to to	OR AS A CONSI	EQUENCE OF	421 of enter the m	Crain Hwy	Purt I. 244. WAS AN PERFORM	en Bur Iratory arread	Approximate interval Betwo Onset and De
IMMEDIATE CAUSE (Idease or conditions) in desting in destination in de	conditions, immediate DERLYING or injury nts n) LAST	a. DUE TO (C	PR AS A CONSE	EQUENCE OF	1421 of enter the m	Crain Hwy ode of dying, auc line og chuse given in	Part I. 24a. Wals An Peter of 1 Yes 2	en Bur Iratory arread	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list if any, leading to cause. Enter UNICAUSE (Disease that initiated evereuiting in death 25. WAS CASE REPRESAMINER? 26. WAS CASE REPRESAMINER? 27. MANNER OF DEA	conditions, immediate DERLYING or injury nits h) LAST	a. Due to to a put to to d.	PR AS A CONSE	EQUENCE OF	1421 of enter the m	Crain Hwy	Part I. 24a. Wals An Peter of 1 Yes 2	AUTOPSY MEOT	24b. WERE AUTORSY FINDER ANALABLE PROPERTY OF DEATH? 1 YES 2 NO
MMEDIATE CAUSE (disease or conditions) in desting in destination in destin	conditions, immediate DERLYING or injury nts n) LAST	a. DUR TO (C. DUB TO (PR AS A CONSE	PEQUENCE OF TRANSITION OF THE PROPERTY OF THE	1421 of enter the m	Crain Hwy ode of dying, auc	Part I. 24s. Wals AN PERFORM 1 TYPES 2	AUTOPSY MEOT	Approximate interval Betw Onset and Do

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AQUAHART ROAD/GLEN BURNIE, MARYLAND 21061

M.D./795 AQU 32. REGISTRAR'S SIGNATURE

NTCK P. MOUTSOS 31. DATE FILED (Month, Day, Year) DEC 22 1993

ERE! 28.1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Boone				2. DATE OF DEATH	AY, YEA	3. TIME OF OEATH
3	4. SOCIAL SECURITY NUMBER 215 -0 3-6245 8a. FACILITY NAME (If not institution, give str	1 M 2 XE 79	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	F UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 7 6 1 9	14 BA	RTHPLACE (State or Foreign unity) ALTO MD. F DEATH
DIRECTOR	MERCY HOSPITAL RESIDENCE OF DECEDENT 10a. STATE MD.		17.0	TOWN OR LOCA		Y	10d. INSIDE CITY	
FUNERAL DI	100. STREET AND NUMBER 1212 BONAPARTE	AVE	BAL		1. ZIP CODE 2.1.2.1.8		10g. CITIZEN O	XXXES 2 □ NO F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	XXXX	If yes, or	ENDENT OF HISPAN secify Cuben, Mexics NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecify: BLACK
COMPLETED	15. DÉCEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT use SCHOOL	usual occupation of done during me retired.) TEACH	ON ost of working IER	The same same	SINESS/INDUSTR	
BE COR	17. FATHER'S NAME (First, Middle, Last) EDWARD PURVIAN	CE			18. MOTHER'S NA MARION	ME (First, Middle, Maiden V GIBSON	Surname)	
TO B	190. INFORMANT'S NAME (I)po(Print). CORDELL BOONE		196. MAILING 1212	ADDRESS (Street BONA)	ARTE BA	ALTO MD.	21218	
	20a. METHOD OF DISPOSITION \$\int\text{N}\text{Burlel} 2 \subseteq \text{Cremation} 3 \subseteq \text{Remotion} 4 \subseteq \text{Donation} 5 \subseteq \text{Other (Specify)} 21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	PLACEAND DATEO	MEM. I	PARK 12 ND ADDRESS OF FA	2/23/\$3/ CRAL HOME/	/1304 N	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ODE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	m 1 A): cmal	Hype	ralca.		Approximate interval Between Onsei and Death
MEDICAL	PART II. Other eignificent conditions U. R. n. przy	contributing to death b				Part i. 24a. WAS AN PERFOI 1 VES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA		HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
ED B	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, s	treet, fectory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET		IAN: To the best of my knowl						se(e) and manner se stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	(S Le K	MAO.	29c. LICENSE NUM	ABER	29d. DATE SIGN	1ED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	Medical 32. DEGISTRAR'S SIGN.	eel	Car.	for.			
	DEC 22 1993	guie terde	- Andelle					

	1. DECEDENT'S NAME (First, Middle, Las		1	1.3		10 -		TE OF DEATH	AY 2	3. TIME OF
	Leo J.	COULT)	10	2 20	0 9	3 2:
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	YRS. MONTI	DER 1 YEAR	HOURS A	IM (Mc	TE OF BIRTH onth, Day, Year) -29-28		BIRTHPLACE (State Country)
	9a. FACILITY NAME (If not institution, giv		03		ITY, TOWN	OR LOCATION		-29-20		N.C.
CTOR	CHURCH HOSPI	TAL			BALT	IMORE			1	
ECI	RESIDENCE OF DECEDENT 10e. STATE 10b.: COU	NTY	4	10c. CITY, TOW	N OR LOCA	TION				10d, INSIDE
DIRE	MD		1 m	BAL	TIMO	RE		-		1 YES
RAL	10e. STREET AND NUMBER	DGOV DAE	N		10	H. ZIP CODE	212		- A	N OF WHAT COUNT
FUNE	1945 N. PATTE		NT EVER IN U.S. ARM	ED I	13. WAS DEC		213	BIN? (Specify Ye		
BY	Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES 2 NO WAR OR DATES		If yes, sp	pecify Cuban, it	laxican, Puarl			BLACK
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Second (0-12)	DUCATION ade completed) College (1-4 or 5	(Give	EDENT'S USUA kind of work do to NOT use retire STRUC	one during mo	ost of working		CON	SINESS/INDUS	
ш	17. FATHER'S NAME (First, Middle, Last) UNKNOW	N					S NAME (FIRS	t, Middle, Maiden	Surname)	
TO B	194. INFORMANT'S NAME (Type/Print) GENOTRA DAVIS		19b.					Imber, City or Tow		ro, MD
	20a. METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF DIS	POSITION (N					y or Town, Stata
	1- Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)		cemetery, cram		EMET	ERY	11:	2/21 I	ANDSI	DOWNE,
	21. SIGNATURE OF FUNERAL SERVICE Betts: Fyner				22. NAME A	ND ADDRESS	OF FACILITY			
	23. PART I. Enter the discesses, of	or complications the	at coused the deat	th. Do not an						LTO, MD
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Finel	or complications the	at coused the dear	100	iter the mo	ode of dying	, such ee c			
	23. PART I. Enter the diseases, of shock, or heart fellur	or complications the	at coused the deat use on each line.	m	iter the mo		, such ee c			t, Appr
NO	23. PART I. Enter the discesses, of shock, or heart fellur IMMEDIATE CAUSE (Finel discesse or condition resulting in death)	a. DUE TO	US ON EACH INE.	ENCE OF):	iter the mo	ode of dying	, such ee c			t, Appr
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TIFICATION	23. PART I. Enter the discesses, canock, or heart fellur immediate CAUSE (Finel discesse or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Discesse or Injury that initiated events	a	US ON EACH INE.	ENCE OF):	iter the mo	ode of dying	, such ee c			t, Appr
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BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions or cause. Examiner? 1	b. DUE TO d. DUE TO	USE ON each line. O (OR AS A CONSEOU O (OR AS A CONSEOU O (OR AS A CONSEOU D death but not rei ER/Outpatient 3 C F INJURY Doy, Very OF INJURY — At hom I, etc. (Specify)	DOA OTHER OF INJURY A	underlyin 26. Pi ER: Nursing Hom 26. IN. 1	PLACE OF DEAT THE 6 REAL DURKY AT ORKY YES 2 N	on in Part I. H (Check only once 8 0 0 28d. 5 0 28d. 5 due to the at the time, d	24a. WAS AN PERFOI 1 YES 2 One) her (Specify) ESCRIBE HOW CONTROL (Street hy or Yown, State, cause(a) and ma	I AUTOPSY RMED? I MO INJURY OCCUI and Number or	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	Middle, Lest)	Inez St	and the	m Cotton							2. DATE OF DEATH DAY YEAR		
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF		/	A. BIRTI	HPLACE (State or Foreign
	244-10-5314		1 🗆 M 2 😾 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	7-17-	2ay, Year)		Count	th Carolina
	90. FACILITY NAME (If not in		treet and number)	, ,		9b. CITY	, TOWN	N OR LOCATION OF DEATH			9c. COUNTY OF			
DIRECTOR	Greater Lau	rel Be	ltsville	Hospita	1	La	ure.	1				Pri	nce (George
E	10e. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
ā	Maryland	Prin	ce Georg	e	Lau	rel								1 X YES 2 NO
RA	10e. STREET AND NUMBER					f. ZIP COC						WHAT COUNTRY?		
FUNERAL	1119 Beall	T EVER IN U.S. AR	MED	40		2070					SA			
B	1 Never Married 2	1 Never Married 2 Merried SXX Wildowed 4 Divorced Never Married 2 Merried FORCES? 1 IF YES, GIVE WAR					If yes, sp	ecify Cub	an, Mexico	NIC ORIGIN? on, Puerto Ric ly:	specify fee an, etc.)	or No-		E — American Indian, ik, White, etc.
9		EDENT'S EDUC y highest grade		16e. DE	CEDENT'S	USUAL O	CCUPATI	ON net of work	ina	16b. K	IND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	He.	nemak	se retired.)	ourng m	at or work	any .		Home			
CON	17. FATHER'S NAME (First, M Walter P. S									th Car		Surneme)		
TO BE	190. INFORMANT'S NAME () Robert F. B					Nort				Route Number				cyland 2104:
	20a METHOD OF DISPOSIT			20b. PLACE			-			DATE				own, State
	1/A Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, cre	matory or o	Ceme	ter	y		12/13				land
	21. SIGNATURE OF FUNERA	L SERVICE DE	ENSER O	17		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
-	1/1	dall	Dele	Ellas						Home,			rel.	MD 20707
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition	eart failure.	omplications the clat only one cau	se on each line	mh Do i	not enter	the mo	res	ring, suc	ch sa cardle	c or resp	iralory a	rreat,	Approximata Interval Between Onset and Death
	resulting in deeth)		DUE TO	(OR AS A CONSEC	DUENCE O		LITI	1	1					Thouses
No	Sequentially list condit	lons,		OF AS A CONSE		irte	12	dis	eas	ie				Tears
E I	If eny, leeding to imme cause. Enter UNDERLY	ING		Myocar	1	1 7	nfa	nti	on	11/3	0/9	3		11 8245
E	CAUSE (Disease or Injuthet initiated events		DUE TO	OR AS A CONSEC		F):	/	.017		0 /	1		1.	11 2120
CERTIFICATION	resulting in death) LAS	1	d	evebra	10	ASCO	rlav	^ a	cil	lent	1.	2/1/	93	10 days
AL (PART II. Other significa	1	- 0	death but not r	eaulting	In the u	nderfyln	g cause	given in	Part I. 2	4a. WAS AN PERFOR		24	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	05	teopo	12515	0	4 4-			/	- /-	- 1	TYES 2	DINO		OF DEATH?
-	Nec	eive	V TPM	for	בורק	- 0	n	11/	30/9	-3				1 [] YES 2 [] NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (Ch	neck only one)				
Sign	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE:		10 5 🗆 R	lesidence	6 Other	Specify)			
ву РН		Pending Investigation	28e. DATE OF (Month, D		26b. TIM	IE OF JURY M	W	JURY AT ORK? YES 2	_ NO	28d. DESCI	RIBE HOW I	NJURY O	CURED	
- 10	2 Culate	Could not be determined	26e. PLACE C building,	F INJURY — At ho alc. (Specify)	me, farm,	street, fec	tory, offic	:0	4		ION (Street of Town, State)		or Rural	Route Number,
COMPLETED	anni		CIAN: To the best of											a) and manner so stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	an	1/)	4 500	10.00		29c. LJC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
O BE	Tim	1120	- 11/4	the !	The	156		1	39	532		•	12/	11/93
5	30. NAME AND ADDRESS OF	PERSON WH	C CAN	SE OF DEATH (ITE	1 27) (Type	Print)	04	Eno	05	- 11	11/	MI	7	777
	31. DATE FILED (Month/Day,	Year)	32, REGISTRA	AR'S SIGNATURE	1	. 10%	-6	Urg	11	(40	VC//	V	ac.C	101
	DEC 22	1993	gole to	ridan Da	dies	14								Table 1 (1997)
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1 - FOR STATE REGISTRAR

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	ITMENT OF H	EALTH AND I		HYGIENE REG. NO.	93 (31015
	7	1. DECEDENT'S, NAME (FIRST, MICKIN, LIST) FOR NO. C. SOCIAL SECURITY NUMBER	G. (5. SEX 6. AGE (6)	ble/	UZ F UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF MONTH	19	93 3.	TIME OF DEATH
should	ij	213-74-7031 Se. FACILITY NAME (If not institution, give s	1 □ M 2 💢 F 9	3 yrs.	MONTHS DAYS	HOURS MIN.	July	1,1900	Country)	rick Co.Md
2, 3	CTOR	Westminster Nurs	ing & Convale	scent		estminste			Carrol	
it. Pages 1,	DIREC	10a. STATE 10b. COUNT	altimore	10c. CIT	Y, TOWN OR LOCAT	rion erstown				Dd. INSIDE CITY LIMITS? X YES 2 NO
ı. ınsit permit.	FUNERAL	10e. STREET AND NUMBER 439 Main Street		7	101	I. ZIP CODE 21]	136	10g. C	USA	AT COUNTRY?
5-0020 Inding physician. as the burial-fransit	B	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF NISPAN ecity Cuben, Mexica 2 [2] NO Specify	n, Puerto Rici		Black, V Specify:	American Indian, white, atc.
D 2121 pital or atte	PLETED	15. DECEDENT'S EDU (Specilly only highest grade Elementary/Secondary (0-12)		(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.) Ousewife		16b. Ki	NO OF BUSINESS/I		
_ 0 -	COMPL	17. FATHER'S NAME (First, Middle, Last) Jesse Gla	adhill	-				dle, Meiden Surname	1)	
retained by 5 should be notified at	BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Addie Addie Addie Addie	Shep.		Zip Code)	
may be retor, page 5 s	인	Mrs. LaRue C. Ros				l Park Dr	-			d. 21136
De 6		1 Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ioval from State	etery crematory or of Evergree	of disposition (Na the Memori	ial Garde	n 12/	20c. LOCATION 22/93 F		rg, Md.
SALI r death. re funeri al. exami		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Funeral				stown Rd. Md. 21136
filled in by on, or remo		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A VA	nch line.		de of dying, suci	h as cardiad	or respiratory	arrest,	Approximate Interval Between Onset and Death
th certificate be executed ending physician and com I Hygiene prior to burial.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ASCHD DUE TO (OR AS A	CONSEQUENCE OF	F):					
equires that en signed by of Health an	I. MEDICAL C	PART II, Other significant condition	es contributing to death bu	ut not resulting	in the underlying	g cause given in		e. WAS AN AUTOPS PERFORMED? YES 2 NO	A CC	ALABLE PRIOR TO MPLETION OF CAUSE F DEATH?
The la	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	eck only one)			
certific the	PHYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpe	28b. TIM	1 Nursing Hom	URY AT		pecify) IBE HOW INJURY O	OCCURED	
OING PHYS After this death with	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	1/11	M 1 🗆 1					
S after 3	ETED	3 Suicide 8 Could not be determined	building, atc. (Speci	ify)	sereet, factory, office			ON (Street and Numi lown, State)	ber or Flurel Flout	le Number,
절절었는	COMPLET	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle							nd manner as atated.
TO HE OSPITO THE THE STATE OF T	TO BE	296. PONTURE AND TITLE OF CERTIFIE	ndelleton			DDS	18ER 443	29d. D	ATE SIGNED (M	onth, pay, Year)
	F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	ti.	te	md	211	C2
y		31. DATE FILED (Month, Day, Year) DEC 22 1003	32. REGISTRAR'S SIGNA	ATURE.		Z V DOWN		, , , , ,		

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	TO THE HOSPITAL OR ATTENDING PLOCECIAL The law requires that the death certificate be	TO THE FUNERAL DIRECTOR After the certifical has been signed by the attending physician	2
			1

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	OLIVIA	, Middle, Last)	M ATTHE	EWS	CRC	MWELL			2. DATE OF MONTH	DEATH 16	1993	YEAR	3. TIME DE DEATH
	4. SOCIAL SECURITY NUMB 214-94-754		5. SEX	6. AGE (In yrs. 76	s. lest birthday) YRS.	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF (Month, E Dec.	BIRTH Day, Year) 29,	1916	8. BIRTHPLACE (State or Foreign Country) Maryland	
5	Saint Josep	ab Hosp			The st	9b. CITY, TO	WN OR LOCA		EATH 9c. COUNTY OF				HASO
١	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10.00	Y, TOWN OR L	20171011			I			
DINECTOR	Maryland		ltimore									10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
اب	100. STREET AND NUMBER						10f. ZIP CC	OE			10g. CITI	ZEN OF	WHAT COUNTRY?
	3711 Hes	s Road	1				2	1111			US	. Δ	
DI FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Married	12. WAS DECEDED	NT EVER IN U.S. 1 YES 2 WAR OR DATES	⊠ NO	If yo	DECENDENT	OF HISPA	NIC ORIGIN? (an, Puerto Rici lly:	(Specify Yes		14. RAC	E — American Indian, ok, White, etc.
3		EDENT'S EDL		16a.	DECEDENT'S	USUAL OCCU	PATION	kina	18b. K	IND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 8			vork done durin e retired.)	a most or wor						
COMPLI	7				Housew	ife				Homer	nakin	g	
	17. FATHER'S NAME (First, M	liddle, Last)							AME (First, Mid		Surname)		
	John Mosby						0	livi	a Matt	hews			
	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (St	eet and Numi	er or Rural	Route Number,	City or Tow	n. State, Zip	Code)	
2	Gloria E.	Cromwe	e11		3711	Hess	Road,	Mon	kton,	MD 2	1111		
	20s. METHOD OF DISPOSIT 15 Buriel 2 Cremetic 1 Donation S Other 21. SIGNATURE OF RUSERA	On 3 Ren			ceand dated v, cremetory or o aney V	alley 22. NAM	Mem.			199	P3Tim	oniu	own, Stata
1	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc.												
4	Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) a ACUTE MYOCARDIAL INFARCTION										21093		
	ahock, or h. IMMEDIATE CAUSE (Fir	isesses, or eart fallure.	complications the List only one can	use on each	Ine.	10 not anter the	W. Pa	donia	ell-Wi a Rd.,	Timo	onium	, MI	21093 Approximate Interval Betw
	ahock, or himmediate CAUSE (Firdisease or condition resulting in desth) Sequentially list condition from the cause. Enter UNDERLY!	inames, or eart fallure.	a. ACUTE DUE TO b. VENTAL	MYOCA O (OR AS A CON CULAR O (OR AS A CON	INE. ARDIAL INSEQUENCE OF ARRHY INSEQUENCE OF	not anter that the thick t	W. Pa	donia	ell-Wi a Rd.,	Timo	onium	, MI	Approximate interval Betwoonset and Di
	ahock, or himmediane, or himmediate CAUSE (Firdisease or condition resulting in desth) Sequentially list condit if any, leading to immediate to immediate the condition of the	issues, or eart failure.	a. ACUTE DUE TO b. VENTAL OUE TO CARDIC	MYOCA O (OR AS A CON CULAR O (OR AS A CON	ARDIAL INSEQUENCE OF ARRHY INSEQUENCE OF	not anter that the thickness of the thic	W. Pa	donia	ell-Wi a Rd.,	Timo	onium	, MI	Approximate Interval Betwo
	ahock, or him ahock, or himmediate CAUSE (Firdisease or condition resulting in desth) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injurthat initiated events	lone, diate ING irry	a. ACUTE DUE TO b. VENTAL CARDIC CARDIC DUE TO d. ASCVD	MYOCA O (OR AS A CON CULAR O (OR AS A CON O (OR AS A CON	MRDIAL NSEQUENCE OF ARRHY NSEQUENCE OF	10 not anter tha INFARC 	W. Pa mode of o	donia	e 11-Wi a Rd., ch ee cardle	Timo	Onium fratory and	le MI	Approximate Interval Betwoneet and Dr. 45 MIN.
	Application in the shock, or him mediate CAUSE (Fir disease or condition resulting in desth) Sequentially list condition if any, leading to immediate cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations.	ions, diate ING	a. ACUTE DUE TO b. VENTAIC CARDIC CARDIC DUE TO d. ASCVD ne contributing to	MYOCA O (OR AS A CON	MRDIAL NSEQUENCE OF ARRHY NSEQUENCE OF	10 not anter that NFARC THIMA This Thim is the under	W. Pa	doni	e 11-Wi a Rd., ch ee cardle	Timo	Onium fratory and	le MI	Approximate interval Betwonset and Dr. 45 M2W. D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOFF DEATH?
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THE STORY. MEDICAL	APAIL INSIDERLY About, or he immediate CAUSE (Fir disease or condition resulting in desth) Sequentially list condition resulting in desth) Sequentially list condition resulting in desth) Sequentially list condition resulting in desth) PART II. Other aignification in desthin in destrict in desthin in deshin in desthin in desthin in deshin in desthin in desthin in desthin in deshin in deshin i	ions, diate ING	a. ACUTE DUE TO b. VENTAL CARDIC CARDIC CARDIC DUE TO CARDIC LOCATION DUE TO DUE TO LOCATION LOC	MYOCA O (OR AS A CON	MRDIAL INSEQUENCE OF ARRHY INSEQUENCE OF INS	THMA OTHER: 4 Nursing E OF URY	W. Pa mode of c	doni: lying, suc	e 11-Wi a Rd., ch ea cardla	Timo c or respi 4a. WAS AN PERFOR YES 2	AUTOPSY MED?	24I	Approximate interval Betwonset and Dr. 45 M2W. D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOFF DEATH?
	AND	iona, diete ing iry it conditions in MEDICAL.	ACUTE DUE TO ACUTE DUE TO ACUTE DUE TO CARDIO CARDIO CARDIO DUE TO ASCVD TO TO TO TO TO TO TO TO TO T	MYOCA O (OR AS A CON	NRDIAL NSEQUENCE OF ARRHY NSEQUENCE OF THY NSEQUENCE OF T	THMA OTHER: 4 Nursing	W. Pa mode of co	doni: lying, suc	n Part I. 20 heck only one) 6 □ Other (S 286, DESCR	Timo c or respi 44. WAS AN PERFOR YES 2	AUTOPSY MED? NO	244	Approximate interval Betwonset and Dr. 45 M2W. D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOFF DEATH?
COMPLETED OF THE SOCIAL MEDICAL CERTIFICATION	AND	ions, diate in	ACUTE DUE TO B. VENTAL DUE TO CARDIC CARDIC CARDIC CARDIC CARDIC DUE TO ASCVD MOSPITAL: 1 Inpatient 2 286. DATE DUE TO (Month, I	MYOCA O (OR AS A CON	ARPHY NSEQUENCE OF ARRHY NSEQUENCE OF THY NSEQUENCE THY NSEQUENCE OF THY N	10 not anter that NFARC THMA This This This This This This This This	W. Pa mode of commode	doni: lying, successive given in	e 11 - Wi a Rd., ch as cardia 1 Part I. 2 1 heck only one) 6 Other (5 28f. LOCATI City or	Timo c or respi 4a. WAS AN PERFOF YES 2 Specify) ION (Street Town, Stale)	AUTOPSY MED? NO NJURY OC and Number	241 CURED	Approximate interval Betwonset and De 45 MIN. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

Baltimore

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PAYMOND VZE MD 7820 YORK ROAD TOWSON,ND 21204

A ATTENDING PRESIDENT THE LAW INJURIES THE DISCUSSION OF EXECUTED WITHIN 4 hours after death. Page 6 may be retained by the hospital or atten-	RECTURA After the certificate has been signed by the attending physicien and completely filled in by the funeral director, page 5 should be detached for use as	im 28 il-marked, or liam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hin 14 ho	mation. o	t, the m
executed with	and comple	matic even
Illicate be	physician see orlor t	ther traus
death cer	e attending fental Host	ury, or o
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DING PHYSR	After Dits ca	-marked.
CIEM CIEM	54	28

	FOR 1 - STATE	STATE OF MA							MENTAL	HYGIEN	E 9	3	37081
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) JAMES R.			e rtif ok	ICATI	E OF	DEAT	ГН	2. DATE (REG. NO		YEAR	3. TIME OF DEATH 11/a M
	4. SOCIAL SECURITY NUMBER 216–36–1188	5. SEX 1 M 2 F	L AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE O				PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give at 1735 N. CAROLINE RESIDENCE OF DECEDENT						MORE		EATH			nty of b	EATH
DIRECTOR	10s. STATE 10b. COUNTY	n/a		77	Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1735 N. CAROLINE S					101	2121					S.A	HAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2	RMED NO	100	If yes, sp	ENDENT Cook	of HISPAN n, Mexica Specify	n, Puarto R	(Specify Yes ican, atc.)	or No-	14. RACE Black Specif	— American Indian, , White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	CEDENT'S live kind of the Do NOT us SANIT	work done	during mo	ON ast of working	ng	16b.	KIND OF BUS	SINESS/IND	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) JAVES COOK							NCES		iddle, Maiden L.SON	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) DOROTHY DAVIS									MORE, N			1213
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE		RIAL!	PAR	<		DATE		NDALLST		wn, State MD
	21. BIGNATURE OF FUNERAL SERVICE LIC	P					MARCI			01 E.	NORT	r Α 141	/ENTITE
	23. PART I. Enter the diseases, or eshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line		not enter	the mo	de of dy	ing, suci	h ee cerd	ec or reepi	iratory em	ool,	Approximate Interval Between Onset and Death
RTIFICATION	disease or condition resulting in death) s. RARRAY COUR ROULSE DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) Due to (or as a consequence of): UNG CA MEMBULLY TO CANTRAL NEW ONS SYSTEM Due to (or as a consequence of): Due to (or as a consequence of):												
CERTI	that initiated events resulting in death) LAST	COPT	7 .										
PHYSICIAN: MEDICAL	PART II. Other significant condition	nderiyin	PERFORMED? 1 YES 2 THO COMPLETION DE 0 OF DEATH?					WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	1		ock only one				
Y PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIM		28c. INJ WC			5 Other 25d. DES	(Specify) CRIBE HOW I	NJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, at	INJURY — At ho c. (Specify)	ome, farm,	street, fact					TION (Street a Town, State)		or Rural R	loute Number,

29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated.

29b. SIGNATURE AND TITLE OF CENTIFIER

29c. LICENSE NUMBER
29d. DATE SIGNED (Month, Dey, Year)

21. DATE FILED (Month, Day, Year)

22 BROISTRAR'S SIGNATURE

DEFINED (Month, Day, Year)

23. DATE FILED (Month, Day, Year)

24. BROISTRAR'S SIGNATURE

DEFINED (Month, Day, Year)

25. Groupe States of PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

27. S. Groupe States of PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28. DATE FILED (Month, Day, Year)

29. DATE FILED (Month, Day, Year)

29. DATE FILED (Month, Day, Year)

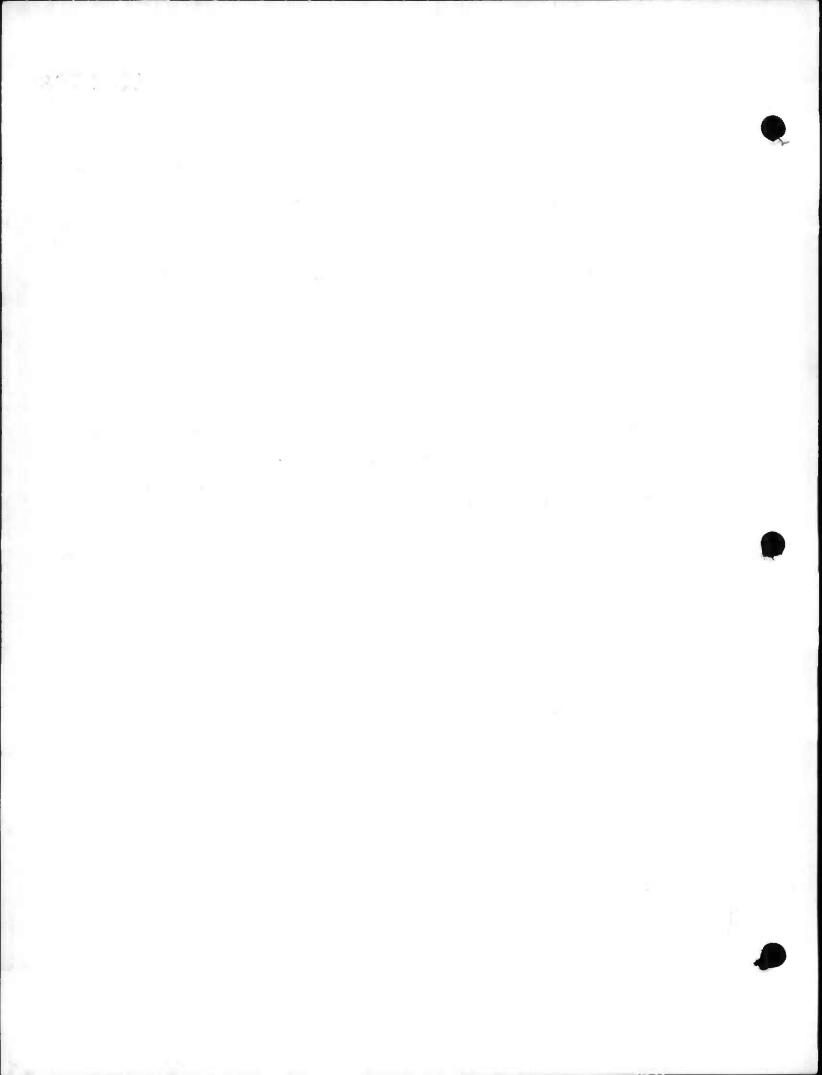
20. DEATH (ITEM 27) (Type, Print)

27. S. Groupe States of PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29. DATE FILED (Month, Day, Year)

	REGISTRAR		CE	RTIFIC	CATE O	F DEATH	REG	NO.		
	1. DECEMENT'S NAME (First, Middle, Last)	DELROY G.	C00	PER		····	2. DATE OF DEAT	DAY	YEAR 3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 216-32-5214	5. SEX 6. AGE	(in yrs. lest		IF UNDER 1 YEAR		7. DATE OF BIRTY (Month, Day, Ye 9/19/1	H .	8. BIRTINPLACE (State or Foreign Country) BALTIMORE, MD.	
	9a. FACILITY NAME (If not institution, give s				h CITY TOW	N OR LOCATION OF C			TY OF DEATH	
DIRECTOR		ITAL				IMORE	CAIN	9c. COUN	TY OF DEATN	
E S	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY	
	MARYLAND 100. STREET AND NUMBER						· · · · · · · · · · · · · · · · · · ·	1 X YES 2 N		
FUNERAL	2728 LAURETTA AV					21223		USA	EN OF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 N	MED O	If yes,	ECENOENT OF NISPA specify Cuban, Maxic ES 2 X NO Speci	an, Puerto Rican, etc	ly Yes or No)	14. RACE — American Indian, Black, White, atc. Specify: AFR. AMERICAN	
TED	15. OECEDENT'S EDU (Specify only highest grade		(Gh	ve kind of wor	BUAL OCCUPA	TION most of working	16b. KINO O	F BUSINESS/INOL	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	lifa.	Do NOT use i	retired.)					
	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Mi			
BE	EARL DOUG	HTY				MARGA				
2	CATHERINE COOPER					et and Number or Rural			Code) AND 21223	
	20a, METHOO OF DISPOSITION	20			DISPOSITION				City or Town, State	
	1 Nouriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	WESTE	RN ST	AR CEN	METERY 12	/23/93	CATONSV	ILLE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2		22. NAME ESTER	AND ADDRESS OF FA	S FUNERAL	L HOME.	P.A.	
	Huzd	14. ld	1	7	1300	EUTAW PL	ACE, BAL'	TIMORE,	MD. 21217	
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications that cause List only one cause on	d the das	th, Do not	anter tha n	node of dying, suc	ch as cardiac or i	eapiratory arre	Approximata Interval Batween	
- 1	IMMEDIATE CAUSE (Final disease or condition	0	0		.1		0		Onset and Death	
	resulting in death)	a. OUE TO (OF AS	A CONSEC	UENCE OF:	dera	80 /W	- Enlo	ly.	5 minutes	
z		. Esn	0	vertor or j.					1906	
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE OF):					1/84	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR AS	A CONSEQU	HENCE OF						
CERTIFICATION	that initiated events resulting in death) LAST	4	A CONSEGU	ornor or).						
	PART II Other significant condition	o contabuttos to dest.								
EDICAL	PART II. Other algnificent condition	in contributing to deeth t	out not re	eaulting in	the underly	ing ceuse given in	PE	S AN AUTOPSY REORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.							_		1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	neck only one)			
Sic	EXAMINER?	HOSPITAL:	patient 3 [THER:	ome 5 🗆 Residence)		
E	27. MANNER OF DEATH	(Month, Day, Year)		28b. TIME C	0F 28c, II	NJURY AT WORK?	28d. DESCRIBE N		JREO	
	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
CED.	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	Y — At homeolify)	ne, ferm, stre	et, factory, of	fica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPL		CIAN: To the best of my know							d. cause(s) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NU			SIGNED (Month, Day, Year)	
	flow Men	4)				Resides	t Physica		12/19/93	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM	27) (Type, Pri	int)					
	" UEC 22 1997	32. HEGISTRAR'S SIGN	NATURE							

BALTIMORE, MARYLAND 21215-0020



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	on attention physician. The law requires that the death cedificate he executed within
2	NOTING OF

IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the ten med with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: It is a 28 is marked, or item 23 shows any injury, or other traumattic event, the medical examiner must be notified at once.

DEC 22 1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 2 M 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY FUNERAL 101. ZIP CODE 10g. CITIZEN OF 0 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 140 Specify: 2 Married 1 Never Married IF YES, OIVE WAR OR DATES BY 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) ACCOUNTAN 17. FATHER'S NAME 18. MOTHER'S Toset 19b. MAILINO ADDRESS (Street and Numb 2 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Denation 6 Other (Specify)	DURA	BY VAL	wy mem.	COCKEY	sville, MI).			
21. SIGNATURE OF FUNERAL SERVICE LI	f. June mod	677	22, NAME AND ADDRESS OF FLANS FLA	MERAL CHAP	PARKVILLE			
23. PAYT I. Enter the disease, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List one cause on each lin	OMA	OF		Approximate Interval Between Onset and Death			
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CONSE c DUE TO (OR AS A CONSE							
PART II. Other algoriticant condition 25. WAS CASE REFERRED TO MEDICAL	na contributing to death but not	resulting in the	underlying cause given in	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Outputient	6 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED			
3 Suicide 6 Could not be detarmined	28a PLACE OF IN HIDY At home form street feetons office							
	NCIAN: to the best of my knowledge, d Est. On the bests of examination and/or							
296. SIGNATURE AND TITLE OF CENTIFIE	iles		29c. LICENSE NU	JMBER 29d. DATE	SIGNED (Mary Day, Year)			
				/ /	1/			

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3. TIME OF DEATH 11:40 PM

10d. INSIDE CITY 1 YES 2 NO

WHAT COUNTRY?

14. RACE

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8. BIRTHPLACE (State or Foreign Country)

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REGISTRAR DECEDENT'S NAME (First, Middle, Last)			ERTIFI				REG. NO		66	3. TIME OF DEATH	
JOSEPH		David		DUFF	Ϋ́	12	17	AY	YEAR 93	11:30 A	
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		Count	HPLACE (State or Foreigny)	
197-32-2211	1 M 2 F	50	YRS.				1, Day, Year) 9-43		Pennsylvania		
na. FACILITY NAME (If not institution, give Holiday Inn	street and number)				BURNIE	DEATH	9c. COUNTY OF BEATH ANNE ARUND				
RESIDENCE OF DECEDENT 106. STATE 106. COUNT	Υ		10c. CITY	19c, CITY, TOWN OR LOCATION						10d. INSIDE CITY	
Virginia Chest	erfield			sterfiel						LIMITS?	
00. STREET AND NUMBER					I. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?	
4306 Brixton Road	i			2	23832			US	SA		
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES	RMED NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Mexic 2 X NO Spec	an, Puarto		or No-	Spec		
										nite	
15. DECEDENT'S EDI (Specify only highest grad	e completed)		ECEDENT'S Give kind of we b. Do NOT use	USUAL OCCUPATION From the control of the control o	DN ost of working	168	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)				n o	nofic.	in1)	Ann an	romont Ca-	
7. FATHER'S NAME (First, Middle, Last)	U	Sa.	Tes M	anager	18. MOTHER'S N				anag	gement Cor	
Joseph M. Duffy					Cather	,					
9s. INFORMANT'S NAME (Type/Print)		19	9b. MAILINO	ADDRESS (Street a	and Number or Rure				ip Code)		
Adrienne C. Duffy	7				Road C					3832	
0a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	E DISPOSITION /No		OAT					
			an manadan a company	the elecal		1				City or Town, Stats	
□ Donation 6 □ Other (Specify)		_ Dale	Memo:	rial Par				chmond, Virginia			
1. SIGNATURE OF FUNERAL 23. PART I. Enter the disesses or shock, or heart fellure. MMEDIATE CONdition resulting in death)	Complications in	Dey	esth. Do n	Fleck 7601	rk ND ADDRESS OF F C Funera Sandy S	1 Hom	Rich ne, Inc Road	Lau	l, Vi	MD 2070 Approximate interval Bety Onset and B	
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is then the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

KURT MATTHE		Æ					2. DAT MON DEC		993	YEAR 3.	12:05 P M
4. SOCIAL SECURITY NUMB 219-86-2903	1	M 2 □ F		1 YRS.	F UNDER 1 YEAR	HOURS MIN.	JUI	E OF BIFTTH oth, Day, Year) LY 8, 1	.962	Country)	NGTON, DC
7227 PROCOP	IO CIRC			9	COLUM	BIA	DEATN		HOWA		TH .
MARYLAND	HOWAR	D		10c. CITY, 1	COLUM					100	INSIDE CITY LIMITS? YES 24 NO
7227 PROCOP	IO CIRC	LE		175		21046				SA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Division 4 Division 1.	Merried	R. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2		If yes,	ecendent of Hisp specify Cuben, Mexic ES 24 NO Spec	cen, Puerto		s or No — 1	4. RACE — Black, V Specify:	American Indian, white, stc. WHITE
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17. FATHER'S NAME (First, Mit EUGENE DANG 190. INFORMANT'S NAME (IV	LE					ELLEN I	LANCA	ASHIRE			
JACQUELINE 200. METHOD OF DISPOSITI	DANGLE		7		ROCOPI	O CIRCLE	, COI	LUMBIA,		LAND	
21. SIGNATURE OF FUNERAL 23. PART I. Enter the di	reed	Joak	dy	death Do not	7601	SANDY S	PRINC	G RD.,	LAURE	L, MA	RYLAND 20707
IMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injurt thi Initiated events resulting in death) LAST	ons, late	CYSTIC DUE TO (OF COR PU DUE TO (OF	FIBE AS A CON LNON A	LE CONC	GESTIV	VE HEART FAILUR					Approximate Interval Between Onset and Death
PART II. Other algnificer	nt conditions c			exacting in		ing ceuse given i	n Part i.	24s. WAS AN PERFOI 1 TYES 2	RMED?	AA CH	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	28. PLACE OF DEATH (Check only one) THER: Nursing Home 5 (Presidence 9 Cher (Specify)										
2 Accident	Pending nvestigation Could not be	28e. DATE OF IN. (Month, Day,	Yber) NJURY — At	26b. TIME OF INJURY AT WORK? M 1 YES 2 NO 1 home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural)							te Number,
4 Nomicide 29a. CERTIFIER (Check only	FYING PHYSICIAL CAL EXAMINER: CO OF CERTIFIER FRUITET	N: To the best of my On the basis of example of example of the basis of	knowledge, innetton and	, death occurred for investigation,	in my opinior	ate end place, end de	ue to the c	ause(e) and me	nner as stated and due to the	f. cause(e) e	nd manner ee stated.
LUCAS L. K	ULCZYCK	I, M. D; F	.A.A.	P.;-F.	R.C.P.	Ed. Atte	nding	g Physi	lcian/	Georg	getown Un.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within unra after death. Page 6 may be retained by the hos	ours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and complete, and in the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detach tion, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

MARIE DILVAL	Marie	Duval1	2. DATE OF DEATH	ie 393	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		INDER 1 YEAR IF UNDER 24 HR	CA 1 CA 14 1	8. BIRTI Count Wa	PLACE (State or Foreign					
96. FACILITY NAME (If not institution, give street and number) St. Blizabeth Nursing Home Baltimore, RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY	10d. INSIDE CITY LIMITS? 1 ZVES 2 NO									
10e. STREET AND NUMBER		10f. ZIP CODE	21220	10g. CITIZEN OF						
1818 Raynor Ave (St. E. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IF ORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECENDENT OF NIS	xican, Puerto Rican, etc.)		E — American Indian, k, White, etc.					
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16s. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY						
17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S	NAME (First, Middle, Maiden	Surneme)						
190. INFORMANT'S NAME (Type/Print) Florence Womack		Woodbine			21207					
1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	king Memo	N (Name of cemetery, cremetory rial Pk. C	em. 12/22/	/93 Balt	own, State					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		LEROY O.	DYETT & SC							
A600 LIBERTY HEIGHTS AVE. Balto. Md 21. PART L. Enter the diseases, or complications the caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arreat, interval between Onset and Dash disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. **Prescribing Completion of Completi										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputient 2 ER/Outpetient 3 DOA 4 Norsing Nome 5 Residence 8 Other (Specify)										
27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Dey, Year) 1 Pretural 8 Pending Investigation	26b. TIME OF		28d. DESCRIBE NOW	INJURY OCCURED						
2 PROTOGRA	Y — At home, farm, street polity)	t, factory, office	281. LOCATION (Street City or Town, State		Route Number,					
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination					e) and menner se stated.					
29b. SIGNATURE AND TITLE OF CENTIFIER	2200	29c. LICENSE	NUMBER OSSS	29d. DATE SIGNED	(Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DISTRIBUTION OF PERSON WNO COMPLETED CAUSE OF DISTRIBUTION OF PERSON WNO COMPLETED CAUSE OF DISTRIBUTION OF PERSON WNO COMPLETED CAUSE OF PERSON WNO COMPLETED C	re. 19	alto in	3 212	30						

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7	THE HOSPITAL

		FOR 1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	MENTAL HYG		3 31081
		1. DECEDENT'S NAME (First, Middle, Lest) A 9 P C D	in AKA Agn	es Vir	ginia Di	nisio	2. DATE OF OEAT	DAY	VEAR 3. TIME OF DEATH 993 230 AM
pia			□ M 2 [XF 8	s. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye. Jan 25	1907	BIRTNPLACE (State or Foreign Country) Ohio
1, 2, 3 should	STOR	Good Samaritan H				Itimore	EATN	9c. COUNT	Y OF OEATN
permit, Pages	DIRECTOR	Maryland 10b. COUNTY		10c, CITY	, town or Locat Baltimo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
dan. -transit	FUNERAL	10e. STREET AND NUMBER 5837 Belair Road 11. MARITAL STATUS 12.	THE DESCRIPTION OF THE PARTY OF			21206		U	EN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B≺	1 Never Married 2 Married 3 Widowed 4 XDivorced	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZINO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Maxica 2 0 NO Specif	NIC ORIGIN? (Specifin, Puerto Rican, etc y:-	y Yea or No—	4. RACE — American Indian, Black, White, etc. Specify: White
21215 Hital or attend of for use as	LETED			(Give kind of w life. Do NOT use	72	DN st of working		F BUSINESS/INDU	STRY
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	E COMPL	12 17. FATNER'S NAME (First, Middle, Last) James A.	Pearcy	Coat	Maker	18. MOTHER'S NA	ME (First, Middle, Ma	othing siden Sumeme) Selig	
	TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Doris W. Mer				nd Number or Rural	Route Number, City o	Town, State, Zip C	
MORE, Page 6 may be Il director, page		METHOD OF DISPOSITION Burial 2 Cremation 3 Removal Committed to the Committee Commit	from State 20b.PLA cemetery.	CEANDDATEO	FOISPOSITION (Na her place) Mem. P	me of		c. LOCATION — CI	
ALT death. e funera al. exami) 	21. SIGNATURE PROPERTY CONSTRUCTION OF THE PROPERTY CONTRACTOR OF THE PROPE	D. Clary	-	22. NAME AN	mon-Mite		defeld i	nc.
760, ed within 24 hours aft completely filled in by al, cremation, or remo		23. PART I. Enter the diseases, or companies or beart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsi	S	ot entar tha mo	da of dying, suc	h ss cardiac or r	espiratory arre	at, Approximate interval Between Onset and Death
S, P.O. BOX 6876 death certificate be executed a stending physician and comental Hygiene prior to buna, iny, or other traumatic en	CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Syste DUE TO FOR AS A CON STEP DUE TO FOR AS A CON STEP SCHEA	NI C INSEQUENCE OF	ecium 5 o we	enia 1 d	eum on	ia	15 days 15 days
RECORD, v requires that the been signed by the nt, of Health and M shows any Inly	MEDICAL	PART II. Other significant conditions co	ntributing to death but no	ot resulting in	n the underlying	g causa given in	PEI	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
a de de la	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 L	OSPITAL: 2 Inpatient 2 - ER/Outpatient	R 3 🗆 DOA	OTHER:	ACE OF DEATN (Ch	8 Other (Specify)		
Marked, or It	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 Y	RK? /ES 2 NO	28d. DEŞCRIBE N		
THE PERSON NAMED IN COLUMN 1	LETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)				City or Town, S	State)	Rural Route Number,
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If It	COMPL	(Check only one) 2 MEDICAL EXAMINER: Or	To the best of my knowledge in the basis of axamination and						cause(a) and manner as stated.
TO THE HOSPI TO THE FUNEF DE filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER JULY 30. NAME AND ADDRESS OF PERSON WHO CO	J M. D) -		29c. LICENSE NUR			C. 17,93
3		FIFA & DUM 31. DATE FILED (Morith, Day, Year)	CU M-D		bood	Jamari	tan	Hospita	c. 17,93 al Baltimore, Mo
		DEC 221003 Fin	Sinien Rudal	i i					

DALLIMONE, MANIENING SIZIS-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
STATE OF THE COURT, TO STATE OF THE CAMP STATE O	ATENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician.	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	

	1. DECEDENT'S NAME (First	it, Middle, Last)	HICKLI	· 100	1	TAN	6		2. DATE OF MONTH	DAY	Q'E	3. TIME OF DEATN
	4. SOCIAL SECURITY NUM		5. SEX		s. lest Mindey)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF	BIRTH	7/1	BIRTHPLACE (State or Fore
	220-76-1	1	1 M 2 F	40	YRS.	MONTHS DAYS	HOURS	MIN.		9 - 5		mp
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ЕСТОЯ	RESIDENCE OF DE	CEDENT 10b. COUNT	Y		10c, CITY	TOWN OR LOCA	TION					10d, INSIDE CITY
DIR	mo		BALF									LIMITS?
FUNERAL	10e. STREET AND NUMBER		FIR RD			10	1. ZIP CODE	13			10g. CITIZEN	OF WHAT COUNTRY?
-UNE	11. MARUTAL STATUS		12. WAS DECEDEN				CENDENT OF	NISPANI	IC ORIGIN? (S		or No — 14, I	RACE — American Indian Black, White, atc.
BY F	1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE V				2 (10)		, Puerto Rice	n, etc.)		Specify: BALT
TED	15. DE (Specify or	CEDENT'S EDU	JCATION e completed)	16a	(Give kind of wo	SUAL OCCUPATION done during me			16b. Kill	ND OF BUSI	NESS/INDUST	
PLET	Elementary/Secondary	(0-12)	College (1-4 or 5	+)	INO. DO NOT USO	retired.)	11/6/	7				
COMPL	17. FATHER'S NAME (First,	Middle, Last)	,	-	NVC	" IL TO	18. MOTNE	R'S NAM	ME (First, Midd	lie, Maiden S	Surname)	,
BE C			CKLIN									HICKLIN
5	19a. INFORMANT'S NAME	Type/Prign) HICK	clin		196. MAILING /	DDRESS (Street	end Number o			City or Town,	State, Zip Cod	
	20a. METNOD OF DISPOSI	TION		20b. PLA	CE AND DATE OF	DISPOSITION (N	eme of		OATE		ATION — City	or Town, State
П	4 Donation 5 Othe	r (Specify)		- Vo	Shell	er place) MEM,				BA	d mi	D.
	21. SIGNATURE OF FUNER		CENSEE	/		22. NAME A	ND ADDRESS	OF FAC	YTIJE			21213
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F	Fundiseases, Dr.	complications the	et coused the	death. Do no	ot enter the mo					etory arreat,	4 mo
	23. PART I. Enter the ahook, or	Fundiseases, Dr.	complications the	et coused the	death. Do no	ncle						Approximatinterval Bet
RTIFICATION	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition	diseases, properties of the control	complications the List pnly one cast a. Due To b. Oue To c.	of OR AS A CON	e death. Do no line.	or enter the mo						Approximatinterval Bet
-	23. PART I. Enter the shock, or immediate CAUSE (Fideesse or condition resulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERLY CAUSE (Disease or injust) initiated events	diseases, properties.	a. DUE TO DUE TO DUE TO	of coused the use on each of the use on each of the use on each of the use of	e death. Do no line. Iline. INSEQUENCE OF SEQUENCE O	ot enter the mo	alof	g, such	as cardiac	or reaping	etory arreat,	Approximat Interval Bet Onset and I
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4					

	REGISTRAR		CERI	IFICATE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Dearho				2. DATE MONTH	OF DEATH	6	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 - 46 - 2874	5. SEX	6. AGE (In yrs. last birtho	MONTHS	YEAR IF UNDER 24 HR DAYS HOURS MIN	14.4	OF BIRTH I, Day, Year)	899	Country	RYLAND
HC HC	9a. FACILITY NAME (If not institution, give: Meridian Crow	treet and number)	SG CTR.	9b. CITY, T	OWN OR LOCATION OF	DEATH		BAL BAL		WRE.
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c.	Balti						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
뒿	10e. STREET AND NUMBER		•		10f. ZIP CODE			10g. CITIZ	EN OF W	NAT COUNTRY?
FUNERAL	4800 Hamil	ton A	VE EVER IN U.S. ARMED	1 40 111	2120		ID 10	an Ma		A
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 (YES 2 NO	H y	res, specify Cuban, Ma YES 2 X NO Sp	dcan, Puarto F		or No—	Black, Specify	- American Indian, White, atc.
<u>a</u>	15. DECEDENT'S EDU	CATION	16a. DECEDER	T'S USUAL OCC	UPATION	16b.	KIND OF BUS	SINESS/IND		1111
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	life, Do No	of work done du it use retired.)	ing most of working		Hom	•		
	17. FATHER'B NAME (First, Middle, Last)	9	Hous	EWITE	44 MOTHER'S	NAME (FILL)	Middle, Maiden			
BE CC	James A.	Smith			The second second	LLIE	40	: nno	lle	Υ
10 B	19a. INFORMANT'S NAME (TypesPrint) FAMILY Rece	ords	19b. MAII	ING ADDRESS (Street and Number or Ru	ral Route Numb	ber, City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	noval from State	other place)	/	of cemetery, crematory	or	20c. LO	CATION — C	ity or Tov	vn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Green		emetery	EACH ITY	100	utin	rore	IVIQ
	Robert W	2 Pou	esh	EV	ANS Cha	0010	Ed Me	Balt	es N	ld.21234
	23. PART I. Enter the diseases, or									Approximate
	ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition		=	_		λ		9		Onset and Death
	resulting in deeth)	a. Unter	OR AS A CONSEQUENCE	E OF):	ary arte	ry).	ILLES	٠		
NOI	Sequentially liet conditions, if any, leeding to immediate	b	OR AS A CONSEQUENC	E OF):						
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	OR AS A CONSEQUENC	5.00						
CERTIFICATION	that initiated events resulting in death) LAST	d	ON AS A CONSCOURN	2 OF):						
	PART II. Other algnificant condition	na contributing to	death but not result	ng in the und	eriving cause giver	in Part I	24s. WAS AN	AUTOPRY	24b	WERE AUTOPSY FINDINGS
EDICAL	Rementer	_	whete h	0			PERFOR	RMED?	2.404	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	<u> </u>		70-0-0	-			1 TYES 2	NO NO		OF DEATH? 1 YES 2 NO
N. M										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH	(Check only or	10)			
13S	1 TYES 2 NO	1 U topetient 2 U	ER/Outpatient 3 DO		ec. INJURY AT		F (Specify)	N HIEV OCC	HIRED	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		INJURY M	WORK?	280. 023	SCHIBE HOW	INJUNT OCC	ONED	
8	3 Suicide 6 Could not be 4 Homicide determined		FINJURY — At home, fa atc. (Specify)	rm, street, factor	y, office	281. LOC City	ATION (Street or Town, State)	and Number	or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS									and manner as stated.
SE CO	296. SIGNATURE AND TITLE OF CERTIFIE	A		-	29c. LICENSE			29d. DATE	SIGNED	(Month, Day, Year)
ē	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM 27)	Type, Print)		1022		/	X-/	173
	DR. MARION KOW		8604	+ HARF	ORD Rd.	Ball	timor	e, N	V9 :	21234
	DEC 22 1993	geticale	STATISTICS OF THE	i.						

The second secon

	1 - STATE REGISTRAR		MARYLAND / DEPAI CERTIF	ICATE OF DE		REG. NO.	93 370
	1. DECEDENT'S NAME (First, Middle,	Lasi)				TE OF DEATH NTH DAY	3. TIME OF DEATH
	Irma		Diggs			2- 20	93 7:25
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS	7	TE OF BIRTN 8 orth, Day, Year)	. BIRTHPLACE (State or Fore Country)
	215-12-0960	1 □ M 2 📈 F	83 YRS.	TOWNS CHIS INCOME	4		
-	90. FACILITY NAME (If not institution,	, give street end number)		9b. CITY, TOWN OR LOCA	ATION OF DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	RIVERVIEW NU	URSING CE	NTRE, INC	Essex		Ral	timore
[[[RESIDENCE OF DECEDER	COUNTY		TY, TOWN OR LOCATION			10d. INSIDE CITY
E							LIMITS?
AL C	Maryland 100, STREET AND NUMBER		IB	altimore 101. ZIP CO	ODE	10a CITIZE	1 Q YES 2 Q N
ERA	Couth Dron (Street AA	_				
FUNE	South Drew S		ENT EVER IN U.S. ARMED	2122		GIN? (Specify Yes or No.— 1	ted States
	1 Never Married 2 Merried		1 YES 2 NO	If yes, specify Cu	iben, Mexican, Puer	lo Rican, etc.)	Black, Write, etc.
B	3. Widowed 4 Divorced	11 123, 0172	WAN ON DATES	1 ☐ YES 2 🙀 N	в зресну:		Specify: White
ETED.	15, DECEDENT' (Specify only highes	'S EDUCATION	180. DECEDENT	USUAL OCCUPATION work done during most of wo		66. KIND OF BUSINESS/INDUS	
Li I	Elementary/Secondary (0-12)	College (1-4 or 5	life Do MOT :	work done during most of wo	nang		
F	8		Cl	erk		Anthony Dri	a Store
COMPL	17. FATHER'S NAME (First, Middle, La	nsi)				t, Middle, Malden Surname)	
BE (Clinton	Rueh	1	I	ena		Staulbitz
01	19e. INFORMANT'S NAME (Type/Print		19b. MAILIN	O ADDRESS (Street and Num	ber or Rural Route No	imber, City or Town, State, Zip C	
-	Vernon Dia	ias	Mai	ryland Ave	nue 709	Balto., M	id. 21221
	20e. METHOD OF DISPOSITION	Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Name of	D	ATE 20c. LOCATION - CH	ty or Town, State
	SE Buriel 2 Cremation 3 Donation 5 Other (Specify	1)	emetery, cremetory or Oak	Lawn	12,	/23 Dundalk	, Marylan
	21. SIONATURE OF FUNERAL SERV	ICE LICENSEE	. 1	22. NAME AND ADD			
	1 /Mal	111	//	W. Dabr	owski/	Chojnacki F	.H. P.A.
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Che	ause on aach line. CONIC CENC TO (OR AS A CONSEDUENCE C	al tallur	dylng, such ss c	Palto erdiac or respiratory arres	Approximatintsrvai Be
TIFICATION	shock, or heart is IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO	RON C CONSEDUENCE OF	al tarur	dylng, such ss c	erdiac or respiratory street	Approxima interval Be
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE REGISTRAR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATN
FRANKLIN	R.	DEWS	JR						DECEMBER	21, 1	993	8:20A
4. SOCIAL SECURITY NUMBER	FR	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTN (Month, Day, Year)		a. BIRTI	NPLACE (State or Foreign
213-92-884		1√-XM 2 □ F	30	YAS.	MONTHS	DAYS	HOUNE	MIN.	11-9-63			/d.
9a. FACILITY NAME (If not inst					9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH	9c. COI	INTY OF	DEATN
THE JOHNS I		IS HOSPIT	CAL		BAI	LTIM	ORE	CITY				
RESIDENCE OF DECI	10b. COUNTY			I see CIT	Y, TOWN	OR LOCAT	ION	-				104 INCIDE CITY
Md.									4.0			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	-					-	alt:		е	10n CI	TIZEN OF	XX YES 2 NO
410 Athol	λνο	Ant P					2122	20				JSA
11. MARITAL STATUS	AVC.	12. WAS DECEDEN	T EVER IN U.S.	ABMED	13.				NIC ORIGIN? (Specify Y	es or No-	_	
Never Married 2 🗆 N		FORCES? 1	YES 2	NO			2 NO		an, Puerlo Rican, atc.)		Blac	E — American Indian, ik, Whita, etc.
3 Widowed 4 Divorc	ped.						74.					Black
15, DECE (Specify only	DENT'S EDUC	CATION completed)	16a. I	Give kind of	USUAL O	CCUPATIO	ON at of worki	na	16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-1	1	College (1-4 or 5	+)	life. Do NOT us	se retired.)		or or works		04.0			
9th				assen	ıble	r						
17. FATHER'S NAME (First, Mid		D	C **						AME (First, Middle, Maide	, , , , , , , , , , , , , , , , , , , ,		
		. Dews						cace				
19a. INFORMANT'S NAME (7/)									Route Number, City or To			
Grace Car								Apt.	B Balti			
20s. METNOD OF DISPOSITION 1 Surial 2 Cremation	3 Ramo	oval from State	cemetery, o	E AND DATE	ther place!				DATE 20c. L			
☐ Donation 5 ☐ Other (West	tern	Sta	rC	em.	12-	-27-93 C	aton	svi]	lle
21. SIGNATURE OF FUNERAL	BERVICE LIC	Dieta /	1		22.	NAME A	ND ADDRE	SS OF FA	CILITY	63	8N.	Gilmor S
* 4/1	des	1/116	//	_	A	1be	rt I	P. V	Vylie F/	H		217
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIM CAUSE (Disease or injurthat initiated events resulting in death) LAST	ig y	Mapos OUE TO OUE TO	(OR AS A CONS			ing of	Syr	cho	ne			2 month
PART II. Other algolitican	t condition	s contributing to	death but no	t reaulting	In the u	nderlyin	g cause	given in		PAMED?	241	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL I					60.5	ADE 05 -	-				
EXAMINER?	MEDICAL	HOSPITAL:			OTHE	R:		-	neck only one)			
1 TYES 2 PLNO		1 Supportion 2 28a. DATE OF		3 DOA		28c. INJ		esidence	6 ☐ Other (Specify) 28d. DESCRIBE NOW	IN.ILIEV O	Cliben	
1 Natural 8 P		(Month, D	Pay, Year)		JURY M	WC	PK?	NO.		meent of	JOHEO	
a Cautalda	rvestigation	28e. PLACE O	F INJURY — At	home, farm.	street, fac				281. LOCATION (Street	t and Numb	or Or Purpl	Route Number
	ould not be etermined	building,	etc. (Specify)						City or Town, Stat			
anal	AL EXAMINE	R: On the basis of a					leath occu			and dua to	lhe cause(a) and manner as stated (Month, Day, Year)
Man Net	U for	ul, MI					250, 210			▶	12/2	1/93
30. NAME AND/ADDRESS OF Mary Nell	Ford	John Ho	plin F.	tospila	Print)	00 M.	Walf	î	Baltimore,	mp	20	205
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DIVISION OF VITAL RECORDS P.O. BOX 68760

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CINICION OF VITAL RECORDS, F.O. BOA 661 604	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH

		EATLEY ENGL	E (HURT)					54	12	1	_	93	4:30	A _M
	4. SOCIAL SECURITY NUMBER 401 - 28 - 2761	5. SEX 1 M 2 F	6. AGE (In yrs. last 98	birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF B (Morth, Day JUNE 7	HTTH (Year) 1 8	395	8. BIRTH	tucky	orwign
OR	Riverview Nursing Centre Essex										9c. COUR	timo.		
DIRECTOR		COUNTY Baltimore		10c. CIT	Y, TYMNI (ESSEX							104, INSIDE CITY LIMITS?	
FRAL	100. STREET AND NUMBER 1 Eastern Boulevard						101. ZIP CODE 21221					10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 12. NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. Yes, specify, Cuban, Markean, Puerto Rican, stc.)							14. RACE Black,	- American Indi White, etc.	an,			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)								USTRY					
MPI	High School		Te	each	er		2/		Ec	luca	tion			
00	17. FATHER'S NAME (First, Middle, LI NOT KNOWN		atley				18. MOTI		ME (First, Middle Known	, Maiden :	Surname)		H.Y. H	
BE	19a. INFORMANT'S NAME (Type/Prin			MAILING	ADDRES	C /Street o	nd Number		ROUTE Number, Ci	he an Taur	- Panta Tin	0-4-1		
2	Mr. Frank Hurt								estown,			-		
	20a. METHOD OF DISPOSITION 1 Buriel 20 Cremetion 3 4 Donation 8 Other (Specific		OF DISPOS				12-20		SON,	. ,				
	21. SIGNATURE OF FUNERAL SERV	0/) L	_	Bi	NAME AN	RUCK	Fund Avel		ome o	of Du	ındal	k, Inc.	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. DUE TO	t caused the decise on each line. Therose (OR AS A CONSEO	LLES UENCE O	NTIC Pi							eat,	Approxim Interval B Onset and	etween
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ	UENCE O	F):									
N: MEDICAL C	PART II. Other significent cor Chronic Demen	Obstruct					DI		10	WAS AN PERFOR			WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF (OF DEATH?	CAUSE
	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:			ОТНЕ	R:			eck only one)					
Y PHYSICIA	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF (Month, D	INJURY	28b. TIM	/	28c. INJ WO		20	8 Other (Spe 28d. DESCRIB	-	JURY OCC	CURED		
тер ву	A Coldent Investig 3 Suicide S Could I 4 Homicide determi	28e. PLACE O building,	F INJURY — At honetc. (Specify)	ne, farm,	street, fact	tory, offic		W.	28f. LOCATION City or You	N (Street a	nd Number	or Rumi Ro	oute Number,	
COMPLETED		PHYSICIAN: To the best of (AMINER: On the basis of a											and manner as e	stated.
	296, SIGNATURE AND TITLE OF CE							ENSE NUN		T			(Month, Day, Year)	
) BE	Tull	Is lur	-			124	T	140	160	(•	121	18/9	3
10	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	, Print)	10		,						

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TO THE HOSE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY - A YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Donald	Eugene				12	199	3 10-10 Am
		5. SEX 6. A	GE (In yrs. last birth	PS. IF UNDI	DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9 0	BIRTHPLACE (State or Foreign Country)
	220 ≈ 34 ≈ 0450 9e. FACILITY NAME (If not institution, give		55 Y		ry, TOWN C	OR LOCATION OF DI	9~18~19;	9c. COUNTY	West Virginia
S S	Francis Scott		Conton			timore C		30. 000.111	or DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
E I	Maryland	100	c. CITY, TOWN	OR LOCAL	Dunda	06	10d, INSIDE CITY LIMITS? 1 YES 2 M NO		
	10e. STREET AND NUMBER	- 1		101	. ZIP CODE	KR	10g, CITIZEN OF WHAT		
FUNERAL	1920 Quentin Ro	ad				21	222	Unit	ted States
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13		ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES			2 NO Specif			Specify: White
	15. DECEDENT'S EDU	ICATION	16a, DECEDE	ENT'S USUAL	OCCUPATIO	ON .	16b. KIND OF BU	SINESS/INDUST	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kii life. Do f	nd of work done NOT use retired.	during mo	st of working			
절	12th Grade		Aut	comobil	Le Me	chanic	Self	Employ	red
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden		
H	Charles Floyd En	fland	10h MA	II ING ADDRE	CC /Ctmat o		dith Daws (
2	Mrs. Deanna G. E	Wand					Pundalk. Mo		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren		20b. PLACE AND	DATE OF DISPO	SITION (Na			CATION — City	
	4 Donation 8 Other (Specify)		Crest L	awn Me	em. G	dns. 12/	21/93	Sukesvi	lle. MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22	. NAME AF	ID ADDRESS OF FA	CILITY		undalk, Inc.
	- Ocean +	eno!	ner.				ve. Dunda		
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse of		70		nade		iratory errest	Approximete Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A	S A CONSEQUEN	OLIVE ICE OF):	2	Lung	(anter		3 months
CER		d							
: MEDICAL	PART II. Other significent condition	ne contributing to dest	h but not resul	ting in the u	ınderiyin	g ceuse given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 SHO	HOSPITAL:	Outpatient 3 🗆 D	OTHE		e 5 🗆 Residence	8 Other (Specify)		
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJUI (Month, Day, Yes		b. TIME OF INJURY M		URY AT PRIC?	26d. DESCRIBE HOW	NJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJI building, etc. (5	URY — At home, 1 Specify)	larm, street, fa	ctory, offic		281. LOCATION (Street City or Town, State	and Number or I	Tural Route Number,
COMPLETED	2001	ICIAN: To the best of my ki							ause(s) and manner ee stated,
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	7 LICE		Dhysic	cian	MD D	14969	29d, DATE SI	GNED (Morth, Day, Year)
	STEVEN IS	AVET, MD)	(Type, Print)	100				
	31. DATE FILEO (Month, Day, Year) DEO 22 19	93 SHEGISTRAR'S S	IGNATURE	andett.	5				

Complete the state of the state

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37094

	REGISTRAR		CERTI	FICATE OF	DEATH	AE	G. NO.	
	1. DECEDENT'S NAME (First, Middle CATHERINE	le, Last)	דיאנור	KNER		2. DATE OF DE		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX G. A				12		93 7:45 P M
	578-44-400	4 1 1 M 2 10 F	GE (In yrs. last birthday, 90 YRS.	MONTHS DAYS	IF UNDER 24 HRS.		23/03	BIRTHPLACE (State or Foreign Country) MD
CTOR		ON AVENUE 3RD	FLOOR		OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH
DIRECT	RESIDENCE OF DECEDE 10a. STATE 10b. MD	COUNTY		TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER	LDSPRING LAN			01. ZIP CODE 21215			1 🔀 YES 2 🗆 NO EN OF WHAT COUNTRY? . S . A .
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marrie 3 W Widowed 4 Divorced	12. WAS DECEDENT EVE	ER IN U.S. ARMED	If yes, s	CENDENT OF NISPAI pecify Cuben, Mexica S 2 NO Specifi	in, Puerto Ricen,		4. RACE — American Indian, Black, White, etc. Specified LACK
COMPLETED	15. DECEDEN (Specify only higher Elementary/Secondary (0-12) UNKNOWN	T'S EDUCATION est grade completed) Cotlege (1-4 or 5+)				16b. KIND	OF BUSINESS/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, I	Lesi)			18. MOTNER'S NA		Maiden Sumame) TEWART	
TO 8	190. INFORMANT'S NAME (Type/Pri	ULKNER	19b. MAILIN 242	O W. CO	and Number or Rural OLDSPRIN	Route Number, Cit NG LAN	y or Town, State, Zip C E BALTO	, MD 21215
	20s. METHOD OF DISPOSITION 1 September 2 Commission 3 4 Donation Sec Other (Second	☐ Removal from State	PLACE AND DATE			12239	3 LANSD	OWNE, MD
	21. SIGNATURE OF FUNERAL SER	NICE LICENSINE	mpsn	20.00	H F/H-WI		300 WA	BASH AVE
	23. PART / Inter the disease nock, pr heart find immediate Cause (Final disease or condition resulting in death)	es, or complications that ceusaliure. List only one cause of allure.	the death. Do n each line.	for Cu	ode of dying, suc			interval Between
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C &	AS A CONSEQUENCE					
ERTIFI	that initiated events resulting in death) LAST	d.	AS A CONSEQUENCE	OF):				
MEDICAL	PART II, Other algnificent co	onditiona contributing to deat	th but not reauiting	g in the underlying	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			PLACE OF DEATN (Ch	eck only one)		
YSI	1 X YES 2 - NO	1 - Inpetient 2 - ER/			me 5X Residence			
ву Рн	27. MANNER OF DEATN 1 Natural 5 Pendi 2 Accident Invest	28e. OATE OF INJU (Month, Day, You Igation			JURY AT PORK?	28d. OEŞCRIBE	E NOW INJURY OCCU	IREO
ED	3 Suicide 6 Could 4 Homicide determ	not be building, atc. (URY — At home, farm Specify)	, street, factory, offi	les	261. LOCATION City or Tow	(Street and Number on, State)	r Rural Route Number,
COMPLET		G PNYSICIAN: To the best of my k						
ш	296. SIGNATURE AND TITLE OF C	ERTIFIER	. ^		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Tax	pe Print)	O.C.M.E		12,	/18/1993
	JUAKON (DCKE M)	111		reet, Bal	timore,	Maryland	1 21201
-	31. DATE FILED Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE					

DHMH-18 Rev 1/89

urs after death. Page 6 may be retained by the hospital or attending physician,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely

Item1, g-706, 12-22-93, dr

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF DEATH	
	ANTOINE Antwan	DARNELL		FRA	AZIER	MONTH 12	DAY	93 4:39 A	
Н	4. SOCIAL SECURITY NUMBER 213-86-3173	6. SEX 6. A	18 YRS.	MONTHS DAYS		7. DATE OF BIRTH	75	BIRTHPLACE (State or Forek) WARYLAND	
	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOW	N OR LOCATION OF D			Y OF DEATH	
TOR	JOHNS HOPKINS HO	SPITAL		BALTIMORE CITY n/a					
DIRECTOR	10a. STATE 10b. COUNTY	n/a	10c. CI	TY, TOWN OR LO			11 10 1	10d. INSIDE CITY	
	10e. STREET AND NUMBER	11/α		BALTIMOF	101. ZIP CODE		10n CITIZE	1 YES 2 N	
FUNERAL	2209 MULLIKIN STRE	ET			21231		-	ED STATES	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	res 2 XX	If yes,	DECENDENT OF HISPA specify Cuban, Maxic (ES 2/V) NO Speci	an, Puerto Rican, etc.		4. RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIIa. Do NOT u	work done during	ATION most of working	166. KIND OF	BUSINESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM FRAZIER					AME (First, Middle, Ma NCE MORGAN	iden Surname)		
10	19a. INFORMANT'S NAME (Type/Print) CONSTANCE MORGAN		19b. MAJLING 2209	ADORESS (Street	et and Number or Rural N STRFFT	BALTIMORE,		21231	
	20a. METHOD OF DISPOSITION 1 Worlai 2 Cremation 3 Ram		20b. PLACE AND DATE	OF DISPOSITION			LOCATION — CI		
	4 Donation 6 Other (Specify)		KING MEMOR	TALPARK		12-23	RANDALLST	TOWN, MARYLAND	
	HAMEDIATE CALIFOR (EL-)				1 0			Interval Bet	
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	AS A CONSEQUENCE OF	PF):	shest	COUM	ds		
N: MEDICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR /	AS A CONSEQUENCE C	P):		Part I. 24a. WAI	S AN AUTOPSY NFORMED?	24b. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?	
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR /	AS A CONSEQUENCE O	In the underly	ring cause given in	Part I. 24a. WAL	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?	
SICIAN: MEDICAL	Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	b. DUE TO (OR / c. DUE TO (DR / d HOSPITAL: 1 □ Inpetient 2 XER/ 28a. OATE DF INJU	AS A CONSEQUENCE C AS A CONSEQUENCE C th but not reculting Outpetient 3 □ DOA	in the underly 26. OTHER: 4 Nursing H	/ing ceuse given in PLACE OF DEATH (C) Iome 5 □ Residence	Part I. 24a. WAL	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TY YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	b. DUE TO (OR / DUE TO (OR / DUE TO (OR / d	AS A CONSEQUENCE OF AS A C	26. OTHER: 4 Nursing M AE DF 28c. JURY M 1 street, factory, of	/Ing couse given in PLACE OF DEATH (C) Iome 5 Residence INJURY AT WORK?	Part I. 24a. WAL PEF 1 XYE heck only one) 6 Other (Specify) 28d. DESCRIBE HO SUBJECT 26f. LOCATION (Sn	S AN AUTOPSY RFORMED? S 2 NO DW INJURY OCCU SHOT	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TY YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	b. DUE TO (OR / c. DUE TO (OR / d	AS A CONSEQUENCE OF AS A C	26. OTHER: 4 Nursing M AE DF 28c. JURY 1 street, factory, of SE	PLACE OF DEATH (C) Iome 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAI PEF 1 VE 1	S AN AUTOPSY IFORMED? S 2 NO NO INJURY OCCU SHOT THE RESON menner as stated a, and dua to the	PARK AVE	
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMINER III. DESTRIPTION PHYSICAL EXAMINER III. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO (OR / c. DUE TO (OR / d	AS A CONSEQUENCE CO AS A CONS	26. OTHER: 4 Nursing H AE DF 28c. JUNY 1 Street, factory, of	PLACE OF DEATH (C) PLACE OF DEATH (C) IOME 5 Residence INJURY AT WORK? YES 2 NO ffica lete and place, and due n, death occured at the	Part I. 24a. WAI PEF 1 P	S AN AUTOPSY NFORMED? S 2 NO DW INJURY OCCU SHOT THE RSON menner as stated a, and dua to the 29d. DATE:	PARK AVE	

ITEMS: 23 PART I, 27, PER MEO FILM G-707 1/27/94 t.t 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37096

	REGISTRAR		CERTIF	ICALE	OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)		712			2. DATE OF DEATH MONTH		2. TIME OF DEATH
	DOUGLAS 4. SOCIAL SECURITY NUMBER	1				12 1		3 1:10
	224-17-5329	ty⊡yM 2 □ F	GE (In yrs. lest birthday) 29 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 07-17-		BIRTHPLACE (State or Foreig Country) Virginia
Œ	9a. FACILITY NAME (If not institution, give				VN OR LOCATION OF DI	CITY	9c. COUNT	of DEATH
2	SHOCK TRAUMA	UNIT		DAI	JI EMORE	CITI		117 a
DIRECTOR	Virginia Roc	kingham C		Timb	DELIVITIES	150		10d. INSIDE CITY LIMITS? 1 YES & TO NO
FUNERAL	100. STREET AND NUMBER Rt. 2 Box 3	332			101. ZIP CODE 22853		10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES ONO	If yes	DECENOENT OF HISPAI I, specify Cuben, Mexico YES 2 NO Specifi	in, Puerto Rican, atc.)	fea or No — 14	RACE — American Indian, Black, White, etc. Specify: White
ETED.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life, Do NOT u	Work done during the retired.)	ATION most of working	1111-11-11	usiness/indus	
COMPL	12		Labo	orer		Bul	ger wi	. ng
_	17. FATHER'S NAME (First, Middle, Last) Albert Dougla	e Fruo			and the second second second second	Lou We:		
BE	19a. INFORMANT'S NAME (Type/Print)	2 LIVE	19b. MAILING	G ADDRESS /Sh	eet and Number or Rural			vdel
5	Helena V. Wea	ver			x 332, T			
	20a. METHOD OF DISPOSITION **MXBuriel 2 □ Cremation 3 □ Ren		20b. PLACE AND DATE	OF DISPOSITIO				y or Town, State
	4 Donation 6 Other (Specify)	/	St. Luke	e's UC	C Cemete	rly T	imbers	ville, VA
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE		SI	ack Fune	ICILITY		
	23. PART I. Enter the diseases, or	- Dean	M00525	E1	licott C	lity. Ma	rv1and	21043
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A	AS A CONSEQUENCE C	9F): 9F):	CY WITH CO	IN BIONITO	110	
CEF		d						
MEDICAL	PART II. Other significant condition	ns contributing to dast	h but not resulting	in the undar	ying cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF OEATH (CA	neck only one)		
YSIC	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 C Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJUI (Month, Day, Yes		JURY	INJURY AT WORK?	28d. DEŞCRIBE HOV	V INJURY OCCU	RED
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJ building, atc. (URY — At home, farm, Specify)	atreet, fectory,	office	28f. LOCATION (Street City or Yown, Sta	nt and Number or te)	Rural Route Number,
COMPLE	enel	SICIAN: To the best of my ki						
TO BE	7 hear Us	this !	u.o.		O . C . M			/15/93
-		· Kinb	111 Pe		reet, Ba	ltimore	, Mary	land 212
	DEC 22 199	32. RESISTRAR'S S	ALL DILL	i.				

and 120 to 120 t



BALTIMORE, MARYLAND 2121	hat the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or atte	I by the attending physician and completely filled in by the funeral director name 5 should be detected for one
MORE, I	ige 6 may be	Branker name
BALTII	ifter death. Pa	r the ference of
	nours a	filled in he
RDS, P.O. BOX 68760.	xecuted within	and completely
O. BOX	ertificate be e	no obseinian
DS, P.	the death c	in the offendi

TMOTHU

"DEC 221993

93 37097 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (Fjist, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FAY H. GAFFNEY YEAR a 12 93 0010 A. M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-05-054 DAYS 82 1 M 2 X F MARYT AND should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Cit Pages 1, 2, 3 Baltimore AGNES HOSPITAL RESIDENCE OF DECEDEN 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CATONSVILLE 1 TES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE the burial-transit 2206 PLEASANT DRIVE 21228 U.S.A. nding physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. 5-0020 FUNCES? 1 YES 27 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 12 OWN HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) T CHARLES KEITH HENRIETTA BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2206 PLEASANT DRIVE CATONSVILLE, MARYLAND 21228 LOUIS E. GAFFNEY (HUSBAND) 9 20e. METHOD OF DISPOSITION
1

→ Buriel 2

☐ Cremation 3

☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must 1 Donation 5 Other (Specify) LOUDON PARK CEMETERY 12/24/93 BALTIMORE, MARYLAND 21. SIGNATURE OF THE HAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Reverence 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND removal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or haert failure. List only one cause on each line. Interval Between ŏ IMMEDIATE CAUSE (Fine) **Onset and Deeth** cremation, disease or condition SERALD resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury injury, or other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE Health a 1 YES 2 NO OF DEATH? WISION OF VITAL RECC TENDING PHYSICIAN: The law requires t 1 YES 2 NO t. of h PHYSICIAN: has be Dept. B 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 12 Inpatient 2 - ER/Outpatient 3 - DOA 1 TES 2 NO 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After death Investigation 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be datermined COMPLETED 4 Nomicide FUNERAL D within 72 hours a 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. TO THE HOSPITA
TO THE FUNERA
De fred within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29b SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE AS2438528 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

900

12. RECHETRAR'S EIGNATURE

CATON

BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Groome JOHN C. Y-DURCE 4. SOCIAL SECURITY NUMBER 8. AGE (Ja-yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. RIRTHPLACE DAYS HOURS 1 M 2 | F O 49 YRS. 42 Ball DO. FACILITY NAME, BO'N Secours 9b. CITY, TOWN OR LOCATION OF DEATH Hospital 9c. COUNTY OF DEATH Bon Secures Hospital Baltimore DIRECTOR Pages 1, 2, RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN DR LOCATION 10b. COUNTY 10d. INSIDE CITY Baltimore Maryland 1 XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 USA burial-transit 1939 West Lombard Street hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried
3 Widowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify White BY use as the COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Page 6 may be retained by the Catherine Ader William F. Groome funeral director, page 5 should 190. INFORMANT'S NAME Patricia A. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4030 Raymonn Ave., Baltimore, MD 21213 Perticia A. Gilmore F 20s. METHOD OF DISPOSITION

1 Duriel 2 (X Cremation 3 Demoval from State
4 Donetton 5 Other (\$\subseteq \text{Donetton} \text{ Donetton} \text{ Total Point (\$\subseteq \text{Donetton} \text{ Total Point (\$\subseteq \text{ Total Point (\$\subseteq \text{Donetton} \text{ Total Point (\$\subseteq \te 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c. LOCATION — City or Town, State must Cemetery 12/20 Baltimore City, Md. Greenmount examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home ours after death. the attending physician and completely filled in by the i Mental Hygiene prior to burial, cremation, or removal. Flkridge MD 5695 Main Street 21227 medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory screet, shock, or heart feelule. List only one cause on each line. Approximats interval Between IMMEDIATE CAUSE (Fins) **Onset and Death** disesse or condition the SEPLIS 100006 event, resulting in death) executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEDUENCE OF): LIVER dinese traumatic CERTIFICATION Sequentielly list conditions, OUE TO (DR AS A CONSEDUENCE OF): If any, isading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury alatot other i DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO signed by the PRU alivne any COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO t. of h PHYSICIAN: has be Dept. . OR ATTENDING PHYSICIAN; The law DIRECTOR: After this certificate has b hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State f, or Item **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Dopetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 🖾 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 ETED 6 Could not be 4 🔲 Homicide 28 datermined Item 29e. CERTIFIER
(Chack only Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL D TO THE FUNERAL DI be filed within 72 ho IMPORTANT: II 11e 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ATTENDING PHSician 1224 12. 14.53. 2 30. NAME AND AODRESS DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 AEGISTRAN'S SIGNATURE DEC 2 21993

	LEWIS 5. SEX 1 M 2 F Street and number) ASHINGTON BLV TY bert	10c. C	9b. CITY, TOWN JESSI	IF UNDER 24 HRS. HOURS MIN. I OR LOCATION OF DUP	12 20 7. DATE OF BIRTH (Month, Day, Year) Aug. 25,	93 1948 sc. country	BIRTHPLAC Country)	IME OF DEATH 2:40 P E (State or Foreign					
254-78-7313 De. FACILITY NAME (II not institution, give RELAX INN-8094 WARESIDENCE OF DECEDENT 100s. STATE 100s. STATE 100s. STATE 100s. STREET AND NUMBER 74 Reese Street 1. MARITAL STATUS 1 Never Married 2 XXMarried 1. Millowed 4 0 Olvorced	street and number) ASHINGTON BLV TY bert	45 YRS. /D. RT#1	9b. CITY, TOWN OR LOC	HOURS MIN.	(Month, Day, Year) Aug. 25,	1948 sc. county	Georg	E (State or Foreign					
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74 Reese Street 1. Marital status Never Married 2 XXMarried Widowed 4 Olvored	12. WAS DECEDENT EVER	ETC											
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Never Married 2 XX Married Divorced	12. WAS DECEDENT EVER			30635			USA						
16 DECEDENT'S ED	FORCES? t YES	IN U.S. ARMED S 2 VNO DATES	If yes, s	ECENDENT OF HISPA	NIC ORIGIN? (Specify Youn, Puarto Rican, etc.)	na or No — 14		merican Indian, ite, etc.					
(Specify only highest grad		16a. DECEDENT	S USUAL OCCUPAT	FION	16b. KIND OF BI	JSINESS/INDUS	TRY	200					
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				The second secon									
		19b. MAILIN	IG ADDRESS (Street				ode)						
Debbie Trotter	Gilliam	74 R	eese St.	, Elbert	on, Ga. 3	0635							
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Donation 5 Other (Specify)		Forest H	ills Men	morial Pk	12/24 FI	berton	, Ga.						
T. SIGNATURE OF ELIMENAL SERVICE L	CEMBER	1				l Home	6						
5695 Main St., Flkridge Md 21227													
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE	OF):	by fore	gn Obj	eur							
PART II. Other significent condition	ns contributing to death	but not resulting	in the underlyi	ng ceuse given in				E AUTOPSY FING					
							OF E	PLETION OF CA DEATH? YES 2 NO					
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			PLACE OF OEATH (C)	eck only one)								
1 YES 2 NO		itpatient 3 DOA	4 Nursing Ho	ome 5 🗆 Rasidenca	6 X Other (Specify)	HOTEL							
	(Month, Day, Year)	Foun	ANABATA A	VORK?				2					
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4 Homicide determined determined control of the c						Relax	Ing R	m 216					
9a. CERTIFIER						-	174						
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96. SIGNATURE AND TITLE OF CERTIFIE	ER / A			29c. LICENSE NU	MBER	29d, DATE S	IGNEO (Mon	th. Day. Year)					
Dermis	J. Churtes	un											
O. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Typ		troot Po	ltimoro N	1		1.201.					
1. DATE FILED (Month, Day Year)	32. REGISTRARY SIG			rreer, pd	TURIOTE, I	Jar A Tall	IU Z.	. 4UJ.					
200	199. INFORMANT'S NAME (Type/Print) Debbie Trotter 209. METHOD OF DISPOSITION 1	17. FATHER'S NAME (First, Middle, Last) Lloyd Gilliam 19a. INFORMANT'S NAME (Type/Print) Debbie Trotter Gilliam 20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 1 Donation 5 Other (Soechy) 23. PART I. Enter the disease, or complications that cause shock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS d	17. FATHER'S NAME (First, Middle, Lest) Lloyd Gilliam 199. INFORMANT'S NAME (Type/Print) Debbie Trotter Gilliam 190. MAILING 190. MAILING TO Burlai 2 Cremation 3 Removal from State 1 Donation 5 Other (Soechy) E. BIGNATURE OF DEPTHAL BERVICE LICENSE 23. PART I. Enter the disease of or complications that caused the deeth. Donation of the first service License 23. PART I. Enter the disease of complications that caused the deeth. Donation of the first service License 24. Donation 5 Other (Soechy) E. BIGNATURE OF LINES (Fine) IMMEDIATE CAUSE (Fine) Idle TO (OR AS A CONSEQUENCE of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE of the cause of the death of the cause of the ca	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or onlying that initiated events resulting in death) LAST Sequentially list conditions and contributing to death but not resulting in the underlying investigation and lock only in	TRATHER'S NAME (First, Middle, Last) Lloyd Gilliam Debbie Trotter Gilliam 196. MAILING ADDRESS (Street and Number or Rural 74 Reese St., Elberti 74 Reese St., Elberti 74 Reese St., Elberti 74 Reese St., Elberti 75 Removal from State 81 Donatton \$ Compatibility of the product of the Compation of the Com	TRAINER'S NAME (First, Microtin, Last) Lloyd Gilliam 199. MATCHER NAME (First, Microtin, Last) Debbie Trotter Gilliam 199. MALING ADDRESS (Cited and Number or Rural Poune Number, City or 19) 74 Reese St., Elberton, Ga. 3 290. METHOD OF DISPOSITION 18 Burlar 2 Crematoly 3 Removal from State 19 Debbie Trotter Gilliam 200. METHOD OF DISPOSITION (Name of 19 Date 20 L. L. Carrier) 18 Burlar 2 Crematoly 3 Removal from State 200. L. Kaufman Funera 201. METHOD OF DISPOSITION (Name of 19 Date 20 L. L. Kaufman Funera 202. L. Kaufman Funera 203. PART I. Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or resiling in death) 21 Rama AND ADDRESS OF FROUNTY Gary L. Kaufman Funera 22 Rama AND ADDRESS OF FROUNTY Gary L. Kaufman Funera 23 PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or resiling in death) 24 Repose or condition 25 Requestially list conditions, 16 any, leeding to immediate cause. Enter UNDERLYING 26 LOCALSE (Disease or Injury that initiated events resulting in death) LAST 27 Letter 10 (OR AS A CONSEQUENCE OF): 28 Lead of the Conditions of the Conditions contributing to death but not resulting in the underlying cause given in Part i. 28 Lead of the Conditions of the Condition of the Conditions of the Co	TO FATHER'S NAME (First, Middle, Last) Lloyd Gilliam 199. NAME (First, Middle, Master Date of Double May Harris) 190. NAME (First, Middle, Master Date of Double May Harris) 190. NAME (First, Middle, Master Date of Double May Harris) 190. NAME (First, Middle, Master Date of Double May Harris) 190. NAME (First, Middle, Master Date of Double May Harris) 190. NAME (First, Middle, Master Date of Double May Harris) 190. 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law requires that the death centrals be executed whim the death. Fage of first be retained by the frozing the	s has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	removal.	om 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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Cel Dincale D	ding physicia	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r other tra	
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AL DELLA	FRIMERAL	be filed within 72 hours after death	IMPORTANT: If them 28 is marked,	
1	E	≥ De fil	IMP	

BALTIMORE, MARYLAND 21203-3146

P.O. BOX 13146,

DIVISION OF VITAL RECORDS,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1 7 Dora Elizabeth Gardner 1993 11:15 PM A SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 11-19-1899 MONTHS DAYS HOURS 218-50-7309 1 M 2 TF 94 VBQ Pennsylvania 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 6990 Mink Hollow Rd. DIRECTOR Highland Howard RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Howard Highland 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6990 Mink Hollow Road 20777 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use ratired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Domestic 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Long Emma Jane Hand 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) David W. Gardner 8477 Merrimoor Blvd Largo, Fla. 34647 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION

1 St Buriel 2 Cremetion 3 Removal from State

4 Donation 6 Other (Specify) Cemetery 12-22-98 Highland Maryland Zion 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. Hundelker 23 PMT I. Enter the diseases, or romplications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, abock, or heart failured that only one cause on each line. M00535 Approximate shock, or heart fellury. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) **Onset and Death** METASTATIC COLON CANCER DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PRIMARY LUNG CANES COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 15-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL: OTHER:
4 ☐ Nursing Home 6 💢 Residence 6 ☐ Other (Specify) 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending м 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

Chack cash.

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERS PLESED CAUSE OF DEATH (ITEM 27) (Type, Print) 4029 ENELYN 5540 The ages mo 31. DATE FILED (Month, Day, Year) DEC 22 199

to account the second

68760,	
BOX	
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RECORDS,	
OF VITAL	
DIVISION	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	event, the medical examiner must be notified at once.	
THE HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYSICIAN: MCDICAL CECTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE	STATE OF MAR	YLAND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIEN	_E 9	3 37101
1 - STATE REGISTRAR			CATE OF		REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN		3. TIME OF DEATN
Anna Ozs	Liel ALL	154			Pi . 23	1993	AR M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
21709 4813	1 M 2 F T	15 YRS.	ONTHS DAYS	HOURS MIN.			PARYLAND
9a. FACILITY NAME (If not institution, give s	MLL ROAL		BELF	R LOCATION OF D	EATH	HAR!	FORO
10a. STATE 10b. COUNT	Υ	10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	FORO	B	SELRIR				LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	- MI R	200	101	ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE				NIC ORIGIN? (Specify Yes	or No.— 14.	BACE — American Indian
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 Y			2 NO Speci	an, Puarto Rican, etc.) fy:		Black, White, etc. Specify:
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION NO MINING MO	ON st of working	16b. KINO OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	Homs	st or working			
17. FATHER'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·		0101 8	14 MOTNED'S N	AME (First, Middle, Melden	Cumamal	
DANIEL WEBS	TER HIT	CHLOCK		MARY	51.70QC	T-LJ (JAKSIY
19a. INFORMANT'S NAME (Type/Print)	1612		DDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, Statu, Zip Code	The state of the s
FAUTA KET	OROS	SA	ms As	: ABO	VS		
20a. METNOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cametery, promotery or other Walcoms Ho	er place)		112-33	CATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Section (activity)	22 NAME AN	ID ADORESS OF S	CILITY	2.0.7	ER, P.A.
Pauls T. ?	namy A			SFURER		RIST	^-
23. PART I. Enter the diseases, or o	complications that cou	sed the deeth. Do no	t enter the mo	de of dying, au	ch se cerdiec or reap	ratory errest,	Approximate
shock, or heart fellure. IMMEDIATE CAUSE (Finel	List Drily one cause of	n each line.					Onset and Death
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resulting in death)	eDUE TO (OR A	AS A CONSEQUENCE OF:		CC25 V			
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resulting in death) LAST	a. An	trus	-				
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	1000			HICTOR COLUMN	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			24 Di	ACE OF DEATH (C/	hack and and		
EXAMINER? 1 - YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF DEATN	28s. DATE OF INJUI	RY 28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	0
1 Natural 5 Pending	(Month, Day, Yea	injui		RK? 'ES 2 NO			
3 Suicide 20 8 Could not be	28e, PLACE OF INJU- building, etc. (5	JRY — At home, larm, str Specify)			281. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,
4 Homicide determined							
(Check only 1) CERTIFTING PNYSI	CIAN: To the best of my kr R: On the basis of examina						use(s) and menner as stated.
199 INSTITUTE AND TITLE OF CERTIFIE	T	TIP		29c. LICENSE NU			
1/ 1	X		\ ·	1) 2 B	13 C	and, OAIE SIG	INED (Month, Day, Year)

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31. DATE FILED (Morith, Day, Year)
DEC 22 1993

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Bardy, Va.

Clara Ilisabeth Habehering

Liberty Medical Center

Baltimore | |

4306 Pidgewood Ave.

Burus Fatcher

Callie Kasey

4505 Midgewood Ave. Raite. Md. 21215

Carrison Screat Vet. 1/0/00 Owings Mills, Mc

21215

LIST TO. DEET & BON PORSERAL BOME. 4500 LIMERTY MEETS AVE. DALTO. ME

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1 - FOR STATE REGISTRAR

	1 - STATE REGISTRAR		CE			DEATH	REG	. NO. 9	3	371
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET		HAUPT				2. DATE OF DEA MONTH DEC	DAY Y	EAR 3.	TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i	birthday) IF L	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	H 8		CE (State or F
	213 34 8097	1 M 2 V F	86	YRS. MON		HOURS MIN.	MAY 2	0,1907	Md	6
TOR	90. FACILITY NAME (If not institution, give a SINA) HOSPIT RESIDENCE OF DECEDENT			96.		timore		9c. COUNT	Y OF DEATI	1
DIRECTOR	Md. 10b. COUNTY	ultimore		PAR	WN OR LOCA					I. INSIDE CIT LIMITS?
FUNERAL	10e. STREET AND NUMBER 8A29 D OLI	D HARF	ORD RO		10	21234	4		N OF WHAT	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	TEVER IN U.S. ARM TYPES 2 NO AR OR DATES	ED	If yes, sp		NIC ORIGIN? (Speci an, Puerto Rican, et fy:		Specify:	
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)		(Give	EDENT'S USUA kind of work of NOT use retin	done during mo	ON ost of working		I MORE C	TRY	
ш	17. FATHER'S NAME (First, Middle, Last) HOWARD Co	OGGINS		ICIN		18. MOTHER'S NA	AME (First, Middle, M	eiden Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) FAMILY RECORDS	3	19b.	MAILINO ADD	RESS (Street a	and Number or Rural	Route Number, City of	or Town, Stete, Zip Co	ode)	
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AN cemetery, creme Green		(ace)	etery	12/2///	Baltimo		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES PROJECT CO PROJECT SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY EVANS Chapel of Memories 8800 HARFORD Rd. Dayto. Md. 21234									
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	OR AS A CONSEOL	IENCE OF):	-dem	failure				DAY
DICAL CER	PART II. Other algolificant condition	a contributing to	deeth but not rea	nuiting in th	e underlyin	g cause given in	PE	AS AN AUTOPSY REFORMED?	AM	RE AUTOPSY ILABLE PRIOR MPLETION OF DEATH?
ME										YES 2
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA A	HER:	LACE OF DEATH (CI	8 Other (Specifi	4		
BY PHY	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY	28b. TIME OF INJURY	28c. IN.	JURY AT DRK? YES 2 NO		IOW INJURY OCCU	RED	
ETED B	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, State)							Rural Route	Number,	
O BE-COMPLE	29e. CERTIFIER 1 CERTIFYINO PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ex								d manner es
TO BE-C	29b. SIGNATURE AND LITTLE OF CERTIFIES	· MD.	or or in			29c. LICENSE NU	MBER			onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHAT A - S - FLEISHE	R 2	SINAI	HOSP	PITAL			UE?		
	DEC 22 1993	gilia	WILLY TO	LIR						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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The land of	NOISIN O NOISIN	
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ROBERT M. HARDEST 72 93 9:34 a 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 XM 2 F YRS. 216-16-0602 8-4-25 Md Balto page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2107 Westchester Ave Catonsville-Balto Baltimore Co. 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore Catonsville 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Westchester Ave.-Balto.. 21228 .S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 XNO Specify: Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (9-12) College (1-4 or 5+) N/A N/A Accountant West Va Co. once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert M. Hardestv M BE Clara Raynor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 izabeth Hardestv Westchester Ave. - Balto. Md. 21228 è 20a METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE director, 1 must Park Cemetery Loudon П Balto. medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
5151 Baltimore National Pike the funeral filled in by the fution, or removal. Truman Schwab Baltimore, Md 21229 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate ahock, or haert fellura. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition DUE TO (OR AS A CONSEQUENCE OF) pemciens arcinoma nonths resulting in death) traumatic event. lagen Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING FINERAL URECTOR: After this certificate has been signed by the attending physician is within 72 four after death with the State Dept. of Health and Mental Hygiene prior to TANT. If them 28 is marked, or item 23 shows any injury, or other traum **CAUSE** (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO Megenerative nemolo sicul COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO CH ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29a. CERTIFIER
(Check only one)

ABENCAL EVANIMED, On the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner ea stated. TAL IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 29c, LICENSE NUMBER 星星 0 minc alew DO 928 12 15 28 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12 DEC 22 1993 32. AEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

93 37105

3. TIME OF DEATH

YEAR

REG. NO.

2. DATE OF DEATH

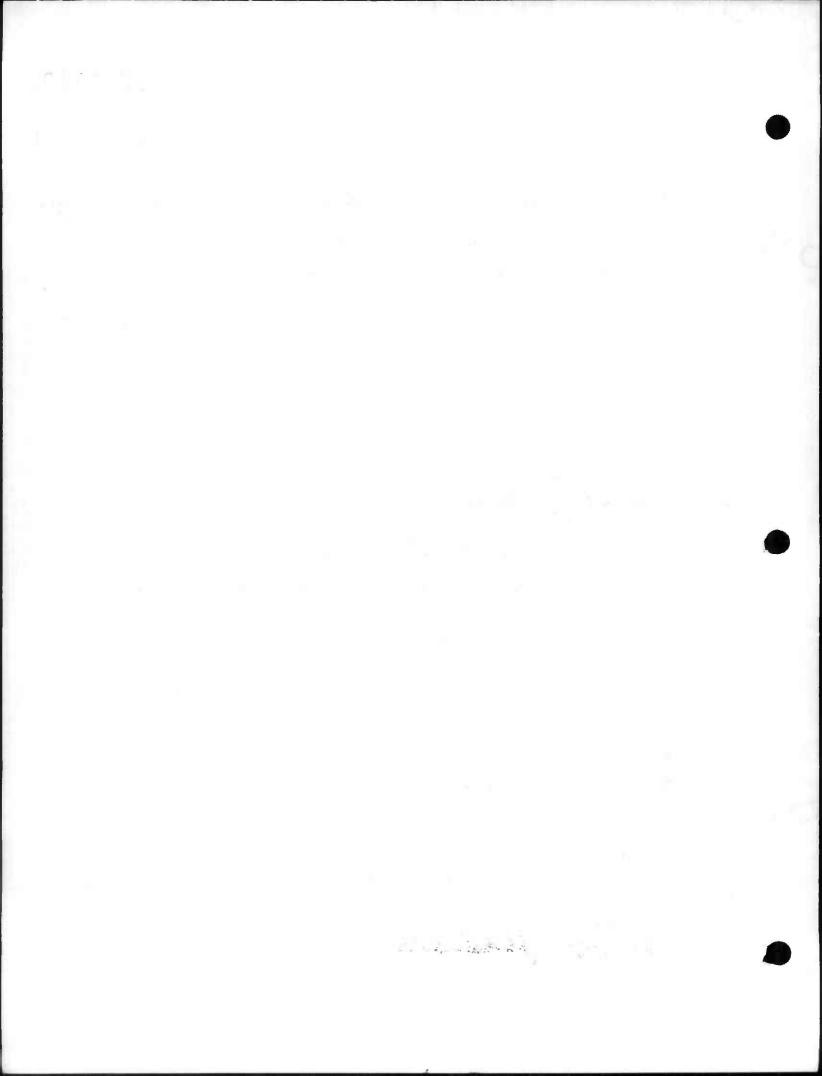
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BALTIMORE, MARYLAND 21215-0020	sture after seath. Page 5 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the screen director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State Dept, of Health and Mental Hygiene prior to burial, cremation, or minimal	nadical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neural same death. Plage 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or number	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA CERTII	RTMENT OF FICATE OF		MENT	AL HYGIENI REG. NO.	E	3 37100
	1. DECEDENT'S NAME (First, Middle, Last)	Erma	Ilchuk			2. DA	TE OF DEATH	v ,	3. TIME OF DEATH
	ERM /					1	2- 10	7 9:	3 /0 25AM
	203-03-0585	1 M 2 DEF	6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH onth, Day, Year)		BIRTHPLACE (State or Foreign Country)
	99. FACILITY NAME (If not institution, give		20	9b. CITY, TOWN	OR LOCATION OF		-12-1		ennsylvania Y OF DEATH
OR	GREATER LAURE	checioni	UE HOSPITA		SUREL				vie beonge's
ECT	RESIDENCE OF DECEDENT			TY, TOWN OR LOCA	71011 -	-			
DIRECTOR	no Prev	Prince Go	eorge L	AURE	Laur	e1			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER 1296	2 Clayton	Drive			20708	3	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL					207	08		US	SA
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED	If yes, s	CENDENT OF HISP pecify Cuban, Mexi	ANIC ORIG	ilN? (Specify Yes o Rican, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc.
ВУ	XX Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1 🗆 YE	S 2 NO Spec	cify:			Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16s. DECEDENT'	S USUAL OCCUPAT	ON ast of working	.10	56. KIND OF BUS	INESS/INDUS	
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.)	•		Dontol	1 4	
OME	17. FATHER'S NAME (First, Middle, Last)		Haila	ger	18 MOTHER'S	AME /First	Rental		icy
BE C	Marino Cardoni						Monacel	,	
TO B	19a. INFORMANT'S NAME (Type/Print)			O ADDRESS (Street					
-	Peter Ilchuk		915 A	ngela St	reet Ke	ey We	st, Flo	orida	33304
	20a METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from State	20b. PLACE AND DATE cemetery, crematory or	44 4 4					y or Town, State Pennsylvania
	21. SIGNATURE OF FUNERAL SERVICE-LI	DENSEE /	Titalian A	22. NAME A	ND ADDRESS OF	FACILITY			Pennsylvania
	- 1/Dalgo	b. Coas	Vo. 1		Funeral				1 10 0000
	23. PARTY I. Enter the diseases of	complications that	caused the death. Do	not enter the m	Sandy Sy	or Till	rdiac or respir	Laure	t, Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one caps	e offeach line.						Interval Between Onset and Death
	disease or condition resulting in death)	· CANI	OR AS A CONSEQUENCE	ymuc	4				
		DUE TO (C	NIOVILLA	λη: 	1 . 2		. A		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	one Cr	trusia v	100	KAN IJ	iseas	0
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с							
Ë	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE (PF):					
		d							
CAL	PART ii. Other algnificant condition	a contributing to d	leath but not reaulting	In the underlying	g cause given i	n Part i.	24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							1 TYES 2	NO NO	OF DEATH?
M									1 TES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	check only	one)		
rsic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 D Ott	ner (Specify)		
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF III (Month, Day	NJURY 28b. TII	JURY W	JURY AT DRK?	28d. Di	ESCRIBE HOW IN	JURY OCCUR	RED
BY	2 Accident Investigation 3 Suicide	28a PLACE DE	INJURY — At home, ferm,		YES 2 NO	-			
9	4 Homicide 8 Could not be determined	building, et	Ic. (Specify)	actory, orne		Cht	y or Town, State)	nd Number or	Rural Route Number,
PLE	29e. CERTIFIER (Check only	CIAN: To the best of m	ry knowledge, death occur	red at the time, dat	end piece, end du	e to the c	euse(a) and man	per as stated	
COMPLETED									ause(s) end manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIE	1 O Del	Vy Med	(Cel)	29c. LICENSE NO	JMBER		29d, DATE S	IGNED (Month, Day, Year)
10	Beneanle No	W &	agmines	,	2018	52	-	12	-20-93
	PALA DELLACE	MAN 4-1 A-1		Surry 1	d H		1.511	110	20781
	31. DATE FILED (Month, Day, Year)	32 REQISTRUM	's SIGNATURE -	30,4	-1 10	141	1501/16	140	-0,0,7
	DEC 0.0 4000	Gentle, Mes	Belleve Throng 600						



BALTIMORE, MARYLAND 21203-3146

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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		93 3710	
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTA	4 / Cros	haw Je	efferson	2. DATE OF DEATH MONTH	2 9	3. TIME OF DEATH 6:50 An	
8	4. SOCIAL SECURITY NUMBER		MOR	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	226-20-6250 9a. FACILITY NAME (If not institution, give a		83 YRS.			Oct 5, 19		Virginia	
TOR	Mariner Health (Lau	rel	EATH		nce George	
읦	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
		Arude1	Jes	sup				1 TES 2 X NO	
M.	10e. STREET A. NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
	7810 Clark Road	Y			20794		USA		
5	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X X10	If yes, sp	ecity Cuban, Maxica	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	a or No 14	. RACE — American Indian, Black, Whita, atc.	
B	3 X Widowed 4 Divorced	IF YES, GIYE WAR OR DAT	TES	1 L YES	2 NO Specif	fy:		Specify: White	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USL (Give kind of work			16b. KIND OF BU	ISINESS/INDUS		
山	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	at or working				
MP	12		Nur	se		Me	edical		
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	Sumame)		
BE	Howard Croshaw					. Wray			
	19a. INFORMANT'S NAME (Type/Print)		200			Route Number, City or Tox			
	Joanna E. Fowler		_			Jessup, MI			
	1 Sevial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	noval from Stata	PLACE OF DISPOSITIO					y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE C	Mau	ry Cem	etery ND ADDRESS OF FA	ACIUTY 771 1	chmono	1. VA 1 Home, Inc.	
TO BE	- Dall	to lando	,	7601	Sandy S	pring Rd.,	Laure	1, Md. 20707	
	23. PART : Enter the diseases, or shock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one dume on the	CONSECUENCE OF:				piratory arres	Approximate Interval Between Onset and Dea	
z		a Recu	went	7	JA 1	5		Tenos	
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A (CONSEQUENCE OF:	art	eny d	Sease		years	
2	PART II. Other significant condition	na contributing to deeth by	at not resulting in t	he underlyin	g cause given in	Part i. 24a, WAS A	N ALITOPSY	246. WERE AUTOPSY FINDING	
: MEDICA	Orga.	nic brain	synk	wo	~	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	heck only one)			
Sici	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpa		THER:	ne 5 🗆 Rasidence	8 Other (Specify)			
H	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME O	F 28c. IN.	IURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
>	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		YES 2 NO	-0.			
8	3 Suicide 6 Could not be 4 Homicide detarmined	Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown. State)							
ш	ana)	SICIAN: To the best of my knowle							
BE	29h. SIGNATURE AND THESE OF CENTURE	1/1/h	- MID	1.	29c, LICENSE NU	MBER 5 3 2	29d. DATE 5	BIONED (Month, Day, Year)	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	MAN AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	7 - 10	nce C	eme	St. 4	urel	MD 20707	
	31. DATE FILED (Month, Day, Year) DEC 22 1993	REGISTRAR'S SIGNA	Andia.				- ()		

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ENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Pa	R: After this certificate has been signed by the attending physician and completely filled in by the funeral of	
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age 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should from after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

93 37108 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			MENTA	L HYGIEN	93	371	80	
1. DECEDENT'S NAME (First, Middle, Las MARY JON	irst, Middle, Last)				2. DATE OF DEATH DAY DECEMBER 20, 1993 5:10					
4. SOCIAL SECURITY NUMBER 214–18– 1531	1 0 M 2 ₩ F 76	δ YRS. ■	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	O65cmt	OF BIRTH		BIRTHPLACE (State of Country) VIRGINIA	r Foreign	
	MARYLAND GENERAL HOSPITAL				BALTIMORE, CITY 9c. COUNTY OF DEATH n/a					
MARYLAND	n/a	365	Y, TOWN OR LOCATION TIMORE, MARYLAND					10d. INSIDE (LIMITS? YES 2		
1625 DRUID HILL A	AVENUE	101. ZIP CODE 21				10g. CITIZEN OF WHAT COUNTRY? UNITED STATES				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify/Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:							
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i n/a	k done during mo	on at of worlding	1000	n/a	INESS/INDUS	ТЯУ		
17. FATHER'S NAME (First, MICHIN, LAST) LINDSAY D. JONES				18. MOTHER'S NAME (First, Middle, Melden Surname) BETSIE E. THOMPSON- JONES						
190. INFORMANT'S NAME (Type/Print) MARTHA JONES		19b. MAILING AI 1519	E. 28 T	H STREET,	BALT	IMORE, N	ARYLAND	21218		
20a. METHOD OF DISPOSITION 1 CARDINION 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Compiler Architery of Office (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Compiler Architery of Office (Specify)) ARONTON, NELSON CO., V.							/A			
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE Olland		WM. C.		- 110			NUE, BALTIM NCHBURG, VA	DRE,M	
23. PART I. Enfar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset and Do disease or condition reaulting in death) SEPTIC SHOCK SECONDARY TO GANGRENE OF THE RICHT FOOT DUE TO (OR AS A CONSEQUENCE OF):							i Betwe			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	FRACTURE OF THE RIGHT HIP					Arrile Marie	7 da	ays		
resulting in death) LAST	that initiated events resulting in death) LAST d									
URINARY TRACT	T INFECTION, DIFFICULTY SWALLOWING HROAT CARCINOMA Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I. Contributing to death but not resulting in the underlying couse given in Part I.						MED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C)						
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	(Month, Day, Year) INJURY WORK?						RED		
3 Suicide 6 Could not b	28s PLACE OF INITIRY - At home form street factory office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	SICIAN: To the best of my knowle								n stated	
296. SIGNATURE AND TITLE OF CERTIF	lilkma	w		29c. LICENSE NU	MBER	9198		EMBER 20,		
	LIKHMAN, M.D.	c/o MARY		NERAL HO	SPIT	AL				
31. DATE DEC 2 21993	32 REGISTRAR'S SIGNA	ATURE								

BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four sales founds and the retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnial director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should efiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remains.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical anaminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removes	I shows any injury, or other traumatic event, the medical t
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has to filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRA
I	1. DECEDENT'S
1	Erma
ı	4. SOCIAL SECU

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. D											
	DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DI	2 DAY	93 YEAR	3. TIME OF DEATH 8:25a
	Erma C. Kapp										
	SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest b	MONTH	DER 1 YEAR B DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day,		8. BIRTI Count	HPLACE (State or Foreign ry)
	214-03-2395	1 □ M 2 🔀 F	78	YRS.		09-21-'15			Mary	land_	
90.	FACILITY NAME (If not institution, give	street and number)		9b. C	9b. CITY, TOWN OR LOCATION OF DEATH			EATH	9c. C	OUNTY OF D	DEATH
G:	reater Laurel-Be	eltsville	Hospital		Laurel				F	rince	George
	STATE 10b. COUNT	rv		10c. CITY, TOW	N 08 1 004	TION			100		
Ma	aryland Prin	nce George		Laur		TION .				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e.	STREET AND NUMBER				10	f. ZIP CODI	E .	10g. CITIZEN OF WH			WHAT COUNTRY?
6	804 Orem Drive					20	707		I	JSA	
1 [MARITAL STATUS Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	EVER IN U.S. ARME YES 2 NO	ED	13. WAS DEC	CENDENT C	of HISPAN	IIC ORIGIN? (Spo n, Puerto Ricen,	ecify Yes or No- atc.)		E - American Indian, k, White, etc.
3	Wildowed 4 📉 Divorced			- 1		2.5	ap conj				,
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECE	DENT'S USUAL	. OCCUPATI	ON		16b. KIND	OF BUSINESS/	INDUSTRY	ALTERNATION.
	Elementary/Secondary (0-12)	College (1-4 or 5 +) Iffe. D	kind of work do to NOT use retire	d.)	ast or working	19				
1:	2		Cle	erk Typ	ist				NSA		
17. (FATHER'S NAME (First, Middle, Last)					18, MOTI	HER'S NA	ME (First, Middle,	Maiden Surneme)	
	Stephen Besz							igolet			
	. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDR	ESS (Street			Route Number, Git		Zip Corlet	-
	ucille G. Rollir	n						el, Ma			7
			20b. PLACEAN				Data		20c. LOCATION		
	METHOD OF DISPOSITION ABurlel 2 Cremetion 3 Rem	noval from State	cemetery, creme St. Pa	story or other ple	ce)	ame or		1			
1	Donation 6 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE ■	PENSEE O	St. Pa	aul's (emer	ery	00.05.54	12/24	Fulto	on, Ma	aryland
-	* 1/2VA01	Do Con	do.								Home, Inc. Md. 20707
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Pulmonary Embolism Due to (or as a consequence of):										
	sulting in death)					1					
See of a cau	equentially list conditiona, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated eventa	b. DUE TO	Hemic OR AS A CONSEOU	colect	omy						
See if a cau	equentially list conditiona, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury	b. DUE TO	Hemic OR AS A CONSEOU Colon	colect	omy						
See if a can CAA that res	equentially list conditiona, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated eventa	b. DUE TO d	Hemic OR AS A CONSEOU COLOR OR AS A CONSEOU	COLECT ENCE OF): Carc ENCE OF):	omy	ıa	given in		WAS AN AUTOPS PERFORMED? YES 2 (X) NO	SY 24k	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
See if a cat CA that res	equentially list conditiona, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated eventa suiting in death) LAST RT II. Other algnificent condition Senile Demo	b. DUE TO d	Hemic OR AS A CONSEOU COLOR OR AS A CONSEOU	COLECT ENCE OF): Carc ENCE OF):	omy	ıa	given in		PERFORMED?	SY 24k	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PAI	equentially liet conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST ART II. Other algorificant condition Senile Deme	b. DUE TO	Hemicor As A conseou Colon Con As A conseou deeth but not rea Hyperte	COLECT CENCE OF: 1 Carc ENCE OF: 1 Car	omy inon underlyln 26. P	g ceuse (EATH (Ch	eck only one) 6 Other (Spe	PERFORMED? YES 2 T NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PAI	equentially liet conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO (c. DUE TO (d	Hemicor As A conseou Colon Con As A conseou deeth but not rea Hyperte	COLECT CATO LENCE OF): Builting in the PASION COOA AND C	26. P	g ceuse (LACE OF D ne 5 Re JURY AT SRK? YES 2	EATH (Ch	eck only one) 6 Other (Specal DESCRIBITED CONTROL OF C	PERFORMED? YES 2 OF NO city) E HOW INJURY	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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PAI	Aguentially liet conditions, any, leading to Immediate use. Enter UNDERLYING USE (Disease or Injury at Initiated eventa southing in death) LAST HT II. Other algnificent condition Senile Deme	b. DUE TO (c. DUE TO (d	COLOR (OR AS A CONSEOU COLOR (OR AS A CONSEOU deeth but not rea Hyperte ER/Outpatient 3 (v INJURY - At home arts. (Specify) my knowledge, deatt	COLECT ENCE OF): 1 Carc ENCE OF): 2 DOA 4 M 2 Sb. Time OF INJURY M 5, form, street,	26. PDEFI: Nursing Hon factory, office	g couse (LACE OF D ne 5 Re JURY AT NK? YES 2	EATH (Chi	eck only one) 6 Other (Spe 28d. DESCRIB! 26f. LOCATION City or Tow	PERFORMED? YES 2 OX NO city) E HOW INJURY (I (Street and Num., Stefe)	OCCURED ober or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
PAI 1 2 3 4 4 29e.	quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST INT II. Other algnificent condition Senile Deme	b. DUE TO (c. DUE TO (d. DUE TO (COLOR (OR AS A CONSEOU COLOR (OR AS A CONSEOU deeth but not rea Hyperte ER/Outpatient 3 (v INJURY - At home arts. (Specify) my knowledge, deatt	COLECT ENCE OF): 1 Carc ENCE OF): 2 DOA 4 M 2 Sb. Time OF INJURY M 5, form, street,	26. PDEFI: Nursing Hon factory, office	g ceuse (LACE OF D LACE OF D JURY AT JURY AT Second of the control of the ceuse of the ceus	EATH (Chi	eck only one) 6 Other (Spe 28d. DESCRIBI 28f. LOCATION City or Tow to the cause(e) time, date end p	PERFORMED? YES 2 OR NO city) E HOW INJURY I (Street and Num., Stete) end manner ee	OCCURED stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PAI 1 2 2 3 4 4 2 9 e.	Aquentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated eventa suiting in death) LAST INT II. Other algnificent condition Senile Deme WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 NO MANNER OF DEATH CHARLES ON ORDER CERTIFIER (Network) CERTIFIER (Check only one) 2 MEDICAL EXAMIN	b. DUE TO (c. DUE TO (d. DUE TO (COLOR CONSEQUENCE OF THE PROPERTY OF THE PROPE	COLECT ENCE OF): 1 Carc ENCE OF): 2 DOA 4 M 2 Sb. Time OF INJURY M 5, form, street,	26. PDEFI: Nursing Hon factory, office	g ceuse g LACE OF D LACE OF D JURY AT PK? YES 2 [e end place death occur 29c, LICI	EATH (Chi	eck only one) 6 Other (Spe- 28d. DESCRIBI 26f. LOCATION City or Tow to the ceuse(e) time, date end p	PERFORMED? YES 2 OR NO city) E HOW INJURY I (Street and Num., Stete) end manner ee	OCCURED stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,

37109

FOR

TO THE HOSPITAL OF ACCIONAL THE Law requires that the death certificate be executed with chospital to fine Hospital or attending physician.

TO THE FUNERAL INCREMENTATION AND THE CONTROL OF THE CONTROL nours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	93 37110
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	STERLING KI	NIGHT		12 20	93 11:00 P M
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	2/6-10-0934 124 2	F 89 YRS.		4-2204	NORTH CARDINA
~	96. FACILITY NAME (If not institution, give street and number	m) [[9	b. CITY, TOWN OR LOCATION OF DI	EATH 9c. (COUNTY OF DEATH
Ğ	RESIDENCE OF DECEDENT	140 Spital	BALTIMORE		1
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
DIR	MD.	54	LTIMUNE		LIMUTE?
AL	100. STREET AND NUMBER		101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
ER.	910 WILDWOOD PK	vy	71229		u. SA-
FUNERAL	FORCES	CECENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		- 14. RACE — American Indian, Black, White, atc.
ВУ		GIVE WAR OR DATES	1 NES 2 NO Specif		Specify: BLACK
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	I COMPATION	Las vina as available	
	(Specify only highest grade completed)	(Give kind of wor	k done during most of working	16b. KINO OF BUSINESS	PINDUSTRY
PL	Elementary/Secondary (0-12) College (1-4	//-	e Operator		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden Surnan	ne)
BE C	Walter Knight		Amy		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural	Route Number City or Town, State	a, Zip Code) 21229
F	Edna Johnson	910	Wildwoo	d Parkwa	y Dalto Aid
	20e, METHOD OF DISPOSITION 1 M Burlet 2 Cremetton 3 - Removed from Sta	206. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. LOCATION	N - City or Town, State
	4 Donation t Other (Specify)	- HIDU	US THERY FUNC	1727/8 HV-C	whis, mg
. 8	21. SIGNATURE OF POWERAL SERVICE LICENSE	V	22. NAME AND ADDRESS OF FA	I. Wast	
- 2	Thomas of	hongson	4300	Wabash	. Ave
	23. PART i. Enter the diseases, or complication shock, or heart feilure. List only on	a that caused the deeth. Do not e cause on each line.	enter the mode of dying, aud	ch as cardiac or respiretory	Approximate Interval Between
	IMMEDIATE CAUSE (Final		17.11		Onset and Death
	resulting in/death) a		doll	-	
_	lon	UE TO (OR AS A CONSEQUENCE OF):	wom were	ma Kepes	halenia
CERTIFICATION	Sequentially list conditions, if any, leading to immediate				
S	cause, Enter UNDERLYING	selve repu	corleions		
=	that initiated events	UE TO (OR AS A SONSEQUENCE OF):	prapeles		
ER	resulting in death) LAST	y concerned	of conces		
	PART II, Other aignificent conditions contribute	ing to deeth but not reaulting in	the underlying cause given in	Part J. 24a. WAS AN AUTO	PSY 24b. WERE AUTOPSY FINDINGS
DICAL	Adens Coscensores 80	mach 2/10 Cars	welling, Jan	PERFORMED?	COMPLETION OF CAUSE
	6. I relecting, sea	er onema			OF DEATH? A/A
₹	Hyperlenger 5 ASC	OD			1 123 2 100
X	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	neck only one)	
Sic	EXAMINER? 1 YES 2 THO 1 Dinpetien		OTHER: Nursing Home 5 Residence	8 ☐ Other (Specify)	
PHYSICIAN: ME		TE OF INJURY 28b, TIME (OF 28c. INJURY AT NA	28d. OESCRIBE HOW INJURY	OCCUREO
BY	1 Natural 8 Pending 2 Accident Investigation	NA	M 1 YES 2 NO	/* n	
	3 Suicide 8 Could not be 4 Homicide detarmined	ACE OF INJURY — At home, ferm, stri liding, atc. (Specify)	set, fectory, office	281, LOCATION (Street end Nu City or Town, State)	mber or Rural Route Number,
E					
AP		past of my knowledge, death occurred			
COMPLETED	2 MEDICAL EXAMINER: On the bas	e of exemination and/or investigation,	in my opinion, death occured at the	time, date and place, and due	to the couse(s) and manner se stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	, m.D	29c. LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)
2			0149	77	10/01/93
	JANET V. WOGH BELL	D CAUSE OF DEATH (ITEM 27) (Type, P.	SECULIAS HOS	PITAL GATT	D. MD 21222
	31. DATE FILED (Month, Day, Year) 32 AEG	TO THE STANDIS STRATTING	000000000000000000000000000000000000000	11110 1 01101	
	DEC 22 1993	STRAP'S SIGNATURE			
	DEO 0 1000			Late Visit and Table 1997	

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3	after
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	IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mount after death,
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	The
	CIAN
	PHYS
	9
	TENDI
	JR A
	AL C

		permit. Pages 1, 2, 3 sho		
2000	spital or attending physician.	hed for use as the burial-transi		
	G PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shy		marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	rithin mours after death. Par	letely filled in by the funeral d	remation, or removal.	int, the medical examine
	eath certificate be executed w	attending physician and comp	ntal Hyglene prior to burial, cr	y, or other traumatic eve
	N: The law requires that the d	ficate has been signed by the	ith with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	Item 23 shows any Injur
	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR; After this certif	be filed within 72 hours after death with the	IPORTANT: If Item 28 is marked, or
	TO THE HOSPIT	TO THE FUNER	be filed within	IMPORTANT:

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 2:45 RM Mary C. Kreis 12 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. last birthday) IF UNDER I YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 249-09-1151 1 M 2 X F YRS. 82 9-7-191 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 34 South Decker Avenue 21224 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY **₽**CXWidowed 4 □ Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 10 yrs Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Weinger Katherine Fousch BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21093 9 Francis W. Miller 1212 Clearfield Cir., Lutherville, Md. 20e. METHOD OF DISPOSITION
1 № Burlel 2 ☐ Cremellon 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE of DISPOSITION (Name of Cardinory or other place)
Gardens of Faith Cemetary

DATE 12-2
1-93
Baltimore Baltimore 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Management Share and Adhese of Facility 21224 D00083 3000 E. Baltimore St., Bal 23. PART I. Enter the deceses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, S Moran-Ashton Funeral Home, 3000 E. Baltimore St., Balto., Approximats Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition PNEUMONA DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL ALLUAR 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 inpetient 2 - ER/Oulpetient 3 - DOA OTHER: 1 TYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 🗷 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

22

32 BEGISTRAR'S MGNATURE

Novem m.o.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER

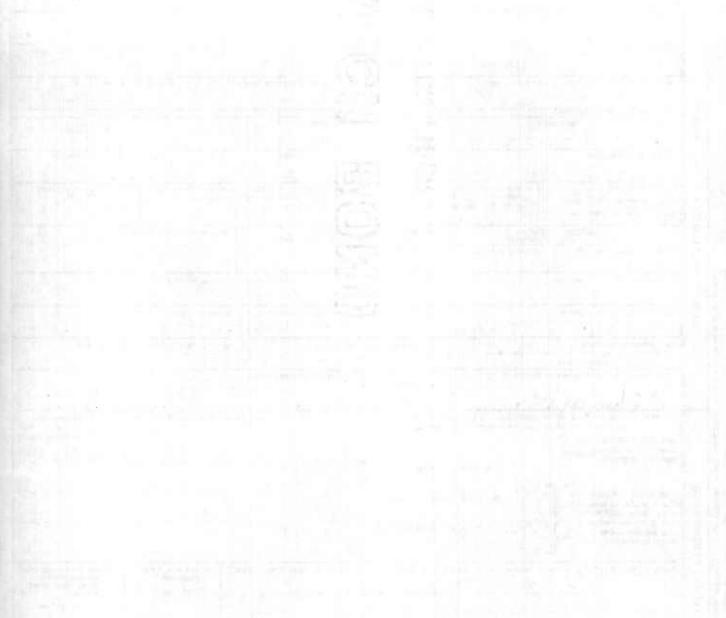
DFC 221993

12.

BE

2

29d. DATE SIGNED (Month, Day, Year)



	1. DECEDENT'S NAME (First, M	Holotte 1 m			OLITTI	ICATI	E OF	DEATH	1.55	REG. N	0.			
		n Last)	LILLEY						2. DATE MONT		DAY 9	YEAR	3. TIME OF 0	EATH 7
	4. SOCIAL SECURITY NUMBER	1	5. SEX	6. AGE (in	yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	.9 :	S. BIRTH	PLACE (State	r Foru
	216-36-1337		1 X M 2 F		54 YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year)	1939	Countr	rvland	
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CTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY													
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	10e. STREET AND NUMBER							. ZIP CODE			1X YES 2 10g, CITIZEN OF WHAT COUNTRY?		_	
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H	(Specify only in Elementary/Secondary (0-12		College (1-4 or 5	+)	IIIa. Do NOT	work done use retired.) ente		st of working						
COMPL	17. FATHER'S NAME (First, Midd	llo, Last)						18. MOTHER'S N	AME (First,	Middle, Melde	en Sumame)			
BEC	Samuel Lille	_						Anna	Ludw	iq			W.	
TO E	19a. INFORMANT'S NAME (Type							and Number or Rural			own, State, Zip	Code)		
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	20s. METNOD OF DISPOSITION 1	3 Ann	noval from State	20b. F	PLACE AND DATE lery, committery or E Green	of bispos office place)	nt C	emetery	DAT	1 1 1 1 1 1	lto.,		own, Stata	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MICHALL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-type or a principle of the prin	

	1. DECEDENT'S NAME (First, Middle, Last)		MARIE		1.4	STED		REG. NO.	AY C .	YEAR 1957	3. TIME OF DEATH
0.0000000000000000000000000000000000000	4. SOCIAL SECURITY NUMBER 063-44-6914	5. SEX	_	(In yrs. lest birtho	MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN	. 7. E	ATE OF BIRTH		. 1	HPLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									DEATH	
	HOLY CROSS HOSPITAL SILVER SPRING, MD. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY										
	MARYLAND				CITY, TOWN O	SPRING, MI).				10d. INSIDE CITY LIMITS? 1 YES 2 NO
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5	1 📉 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? IF YES, GIVE	1 YES	2 Dito		If yes, specify Cuban, Max I TYES 2 X NO Spe	ican, Pu	erto Rican, etc.)		Spec AFR	ck, White, atc.
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	Me. Do NO	T'S USUAL OF of work done of T use retired.)	during most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
	12 17. FATHER'S NAME (First, Middle, Last)	4		MINSI	ER & I		NAME (F	irst, Middle, Maiden	Surname)		
	O,H. LASTER					MARIE			LAST	ER	
	19a. INFORMANT'S NAME (Type/Print) O.H. LASTER					(Street and Number or Run MSON TREE C					ND 21044
	20s METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	novel from State		PLACE AND DA			. 12	DATE 20c. LO	CATION —	City or To	own, Stata
		4 Donation 6 Other (Specify) FIRST BAPTIST CHURCH CEM. 12/27/93 COLUMBIA, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A.									
	23. PART I. Enter the diseases, pr	complications th	at caused	t the death. F	1.3	300 EUTAW F	LAC	E, BALTI	MORE	, MD	21217
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37114 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE		37114		
The second	1. DECEDENT'S NAME (First, Middle, Last JANETHA	LILE	HEDGEPET		2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 239-66-46/6 98. FACILITY NAME (If not institution, give	1 D M 2 D F 5	1 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-24-19		BIRTHPLACE (State or Foreign Country) Orth Caroli		
DIRECTOR	Howard County	General Ho	spital	Columbia	ZAITI		rd County		
	Maryland Pri	nce George		rown or Location estville			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3007 Logan Str			20	747	USA	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 - NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES ZXXXIO Spec	an, Puarto Rican, atc.)	fea or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
LETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	rk done during most of working retired.)		USINESS/INDUST			
COMPLET	Unkr. 17. FATHER'S NAME (First, Middle, Last)	IOWII	LITH L	eveloper 18. MOTHER'S N	PIOT AME (First, Middle, Maide	ograp	ny co.		
BE C	Plummer Hed	gepeth		Rose		nardso			
2	19a. INFORMANT'S NAME (Type/Print) Ms. Sarah Mozi		3007	DDRESS (Street and Number or Rural Logan Street	, Forest	tville	, MD 20747		
-	20a. METHOD OF DISPOSITION XIX Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	b. PLACE AND DATE OF Petery, crespetory or other TONN	S Cemetery	12-15-93	OCATION — City B E11	or Town, State icott City		
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSES	M00535	22. NAME AND ADDRESS OF F Slack Fur Ellicott	neral Hon				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		fortatic corcin	ring to h	un g	Sweek 4 month 3years		
MEDICAL	PART II. Other algnificant conditions Character gram is		but not resulting in			AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C					
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		28d. DESCRIBE HOW	V INJURY OCCUR	ED		
TED BY	2 Taccident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLET	onel			at the time, data and place, and du in my opinion, death occured at the			ause(a) and manner as stated.		
TO BE C	SCHATURE AND TITLE OF CERTIF	ON IN			S73		GNED (Month, Day, Year) -) 3-9>,		
	2 Knn Name AND ADDRESS OF PERSON W	n Columbia	, MD:	27045					
	31. DATE FILED (Month, Day, War) DEC 22 1993 32. REGISTRAR'S SIGNATURE.								

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	NTAL HYGIENE REG. NO.	93	37115
1. DECEOENT'S NAME (First, Middl		DATE OF DEATH	YEAR	3. TIME OF DEATN

473-05-60 A. FACILITY NAME (If not in	BER		1						MONTH	DAY	YEAR	
473-05-60 The Vill		Sr. M. Leonard Leonard										7:25
The Vill	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTY (Month, Day, Yea 12-11-						7. DATE OF BIRTN (Month, Day, Year)		s. BIRTI	NPLACE (State or Fon		
The Vill	4/3-03-00/9 A /3 12-11-1918 MN							mitt.		918		
The Vill	9a. FACILITY NAME (If not institution, give street end number)						OR LOCATI	ON OF OE	ATH	9c, COL	JNTY OF C	DEATH
The Villa 6806 Bellona Ave RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Baltimore							nore,	ore, Md. 21212			Baltimore	
RESIDENCE OF DEC 10e. STATE	10b. COUNTY					19c, CITY, TOWN OR LOCATION						10d. INSIDE CITY
Maryland Baltimore												LIMITS?
Go. STREET AND NUMBER				101	r. ZIP COD	E		10g. CIT	10g. CITIZEN OF WHAT COUNTRY?			
1. MARITAL STATUS	na Ave	12. WAS DECEDER	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF NISPAN	IIC ORIGIN? (Specify Y		14. RAC	E — American Indias
				10		If yes, sp	2 X NO	in, Mexica Specify	n, Puerto Rican, etc.)		Spec	
												White
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(Gi	ve kind of	work done	CCUPATIO	ON ost of worldi	ng	16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0			+)								C1	1
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		ENSEE			22.	NAME AL	ND ADDRE	SS OF FA	CILITY			
	8	Pete	r S. Ash	ton	St	erli	ng A	shto	n Funeral	Home	e, In	nc.
Tuter	J.Cx	Lalita	_		73	6 Ed	lmond	son	Ave. Balt	o, Mo	1. 21	.228
					e):			A				
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CONSEC (Disease or injuit that initiated events resulting in death) LAS	diata ING Jry	G	O OR AS A CONSECUTION OF A CONSEC			'ou	zur -	tic	Collin	owa	ζ	
If any, leading to immecause. Enter UNDERLY(CAUSE (Disease or injusted initiated events resulting in death) LAS	diata ING Jry	c	OR AS A CONSEC	DUENCE O	F):					OUra		
If any, leading to imme- cause. Enter UNDERLY: CAUSE (Disease or inju- that initiated events	diata ING Jry	c	OR AS A CONSEC	DUENCE O	F):				Part I. 24e. WAS /	IN AUTOPSY ORMED?		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
If sny, leading to immecause. Enter UNDERLY CAUSE (Disease or injuited events resulting in death) LAS PART II. Other significe	diata iNG ury	c	OR AS A CONSEC	DUENCE O	F):	nderlyin	g cause	given in	Part I. 24e. WAS / PERF: 1 YES	IN AUTOPSY ORMED?		S. WERE AUTOPSY FIN AMAILABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N
If siny, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification. S. WAS CASE REFERRED TEXAMINER?	diata iNG ury	d. OUE TO	O (OR AS A CONSEC	esuiting	in the ur	26. P	g cause	given in	Part I. 24a. WAS A PERF. 1 TYES	IN AUTOPSY ORMED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
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	1. MARITAL STATUS Never Merried 2 Widowed 4 Divo 15. DEC (Specify on) Elementary/Secondary (II 12 FATNER'S NAME (First, A William Sr. M. B OB. METHOD OF DISPOSIT Crementary Donation 5 Crementary Crementary 1. SIGNATURE OF FUNERARY 1. SIGNATURE OF FUNERARY 1. Enter the dahock, or h	1. MARITAL STATUS X Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade 16. DECEDENT'S EDU (Specify only highest grade 17. FATNER'S NAME (First, Middle, Last) William Bradfo Sr. M. Brian A De. METHOD OF DISPOSITION X Burist 2 Cremetton 3 Rem Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE AM 23. PART 1. Enter the diseases, or ahock, or heart fellure. MMEDIATE CAUSE (Final sleeses or condition	1. MARITAL STATUS Never Married	12. WAS DECEDENT EVER IN U.S. AR PORCES? 1 YES XXIVE IN THE PORCES. 1 YES X	1. MARITAL STATUS Never Married Married Married Married PORCES? VES MONO FORCES? VES MONO VES VE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give kind of work done) 16. DECEDENT'S EDUCATION (Give kind of work done) 17. December of the process of the proces	Never Merried 2 Merried PORCES? 1 YES XXNO If yes, sp. 1 YES, GIVE WAR OR DATES 18. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S EDUCATION (Give kind of work done during me life. Do NOT use retind.) 12 Masters English Religious S. 7. FATNER'S NAME (First, Middle, Last) William Bradford Leonard 19b. MAILINO ADDRESS (Street of Street of Str	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES XX NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT If YES, GIVE WAR OR DATES 14. WAS DECEDENT IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Give line) of work do many line. Do Not use relired.) 16. DECEDENT'S USUAL OCCUPATION (Give line) of work do many line. Do Not use relired.) 17. FATNER'S NAME (First, Middle, Last) 18. MOT 19. INFORMANT'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number of cemetery, crematory or other place) Woodlawn Cemetery 1. SIGNATURE OF FUNERAL SERVICE MUENSEE Peter S. Ashton 22. NAME AND ADDRESS (Street and Number of cemetery, crematory or other place) 19. INFORMANT OF FUNERAL SERVICE MUENSEE Peter S. Ashton 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dy shock, or heart fellure. List only one cause on sech line.	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPAM IT YES, apecify Cuben, Mesters 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT user refired.) 17. FATNER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT user refired.) 18. MOTNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Last) 19. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) Sr. M. Brian Anderson 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT'S NAME (TyperPrint) 190. MAILINO ADDRESS (Street and Number or Rural if Sec. INFORMANT OF SE	12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES XX NO 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify N yes, epseify Cuben, Mexican, Puerto Rican, etc.) 14. Was DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. KIND OF B. (Give kind of work done during most of working life. Do NOT serified.) 12. Masters English Religious Sister Catholic College (1-4 or 5+) 12. Masters English Religious Sister Catholic College (1-4 or 5+) 16. MOTNER'S NAME (First, Middle, Lest) 16. MOTNER'S NAME (First, Middle, Meide 16. MOTNER'S	12. WAS DECEDENT EVER IN U.S. APMED 12. WAS DECEDENT EVER IN U.S. APMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED Never Married Widowed Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF MISPANIC ORIGIN? (Specify Yes or No 14. RAC Blied 12. WAS DECEMBENT OF MISPANIC ORIGIN? (Specify Yes or No 14. RAC Blied 12. WAS DECEMBENT OF MISPANIC ORIGIN? (Specify Yes or No 14. RAC Blied 14. PKS 2 M N 2

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93 37116 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

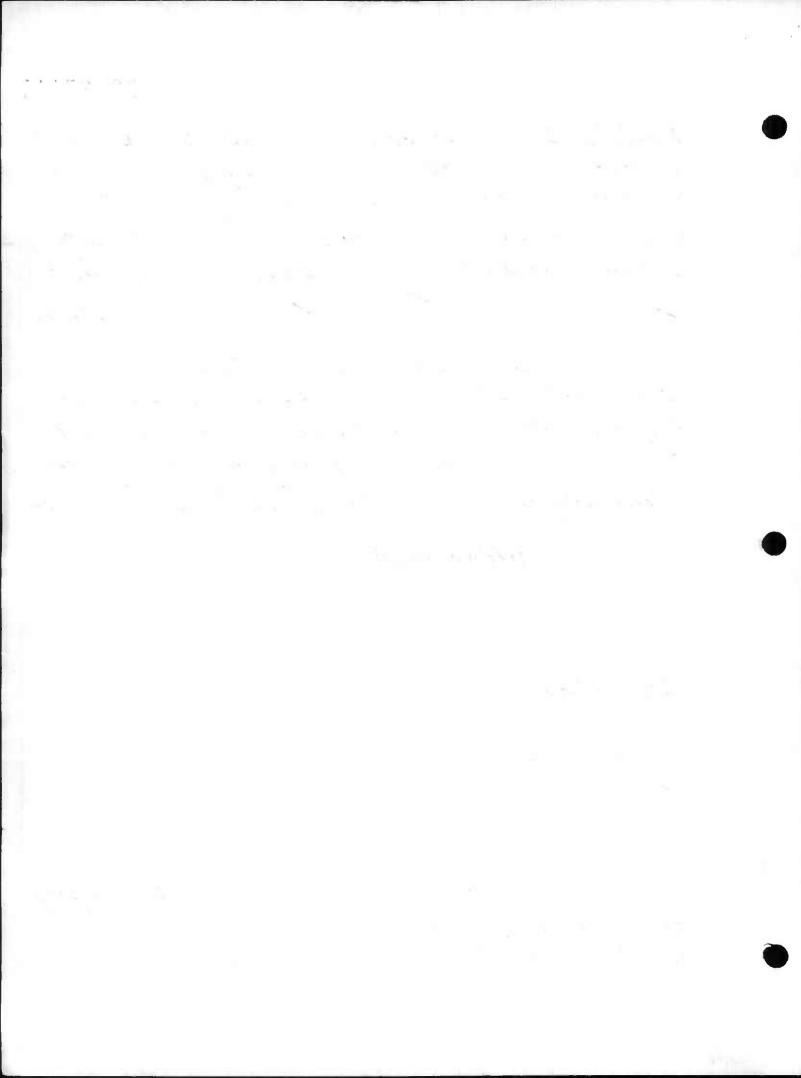
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE		37116			
	1. DECEDENT'S NAME (First, Middle, Lee IOSFPH	0	I.E	NDI.E		BAY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-03-4481 9a. FACILITY NAME (If not institution, give	1 2 M 2 □ F 8 6	YRS.	F UNDER 1 YEAR IF UNDER 24 HMS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 8, 1		BIRTHPLACE (State or Foreign Country) Visconsin			
DIRECTOR	NORTH ARUNDEL HO	OSPITAL ASSOC	DEATH		A. COUNTY					
	MD Ann	e Arundel		nsville		10d, INSIDE CITY LIMITS? 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY?				
FUNERAL	988 Waterview	12. WAS DECEDENT EVER		21032	PANIC ORIGIN? (Specify)	USA				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	DATES	If yes, specify Cuben, Mexi	clly:		Specify: White			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Cotlege (1-4 or 5 +)		sual occupation k done during most of working retired.) y worker		lidder				
BE COM	17. FATHER'S NAME (First, Middle, Loat) Andrew Lendle			An	NAME (First, Middle, Major Nelia Fis	cher				
TOE	190. INFORMANT'S NAME (Type/Print) Gertrude Paul		988 W	poress (Street and Number or Run aterview Dri	ve,Crown	sville	,MD 21032			
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	b. PLACE AND DATE OF metery, cremetory or othe Baldwin	DISPOSITION (Name of rolece) Yeleonorial Cem 22. NAME AND ADDRESS OF	n. Mi	location - city	/ille,MD			
	23. PART I. Enter the diseases, of	f Consold	d the death, Do no	Hardesty F	uneral H	ome, P.	A . MD			
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Rostate Cone									
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition Rena J		but not resulting in	the undarlying cause given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)					
	1 VES 2 NO 27. MANYER OF DEATH 1 Netural 8 Pending Investigation	1 Pinpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		2ad. DESCRIBE HOV	V INJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJUR	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	cont only			at the time, date and place, and d						
TO BE C	296. SIGNATURE AND RELE OF COURTS	relyer in	MO	Page LICENSE N	UMBER O 9	29d. DATE 8	IONSD (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON V MICHEAL A SVI V 31. DATE FILED (Month, Day, Year)		PAIN HIGH		GLEN BURN	E, MD.	21061			
	DEC 22 199									

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THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	HAL DIRECTOR ATER THE SENTIFICATE has been signed by the attending physician and completely filled in	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or in	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMI			MENTAL HYGIEN		93 37117			
	1. DECEDENT'S NAME (First, Middle, Leet) MICHAE 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. la	GH7	NOER 1 YEAR	IF UNDER 24 MRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH.	5 19	3. TIME OF DEATH 3. 15 Pm BIRTHPLACE (State or Foreign			
	9e. FACILITY NAME (if not institution, give street	of end number)	YRS. MONT		HOURS MIN.	67/24/19	9c. COUNT	MARYLAND Y OF CEATH			
DIRECTOR	9000 SAVINACTIAN	HOSPITAL	8	BACT MORE -							
	10a. STATE 10b. COUNTY		BACTI					10d. INSIDE CITY LIMITS 1 YES 2 NO			
FUNERAL	106. STREET AND NUMBER 2035 RAMBLE W	OOD ROAD		10	Z/23		10g. CITIZEN OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RME	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 1 Speci	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) iy:	e or No— 14	Black, White, etc. Specify: WHITE			
COMPLETED	12	mpleted) ((ECEDENT'S USUA Give kind of work of a. Do NOT use retin	one during mo	st of working	CLOTH CLEAN	ZN DE				
BE CO		ECZKOWSK	1			AME (First, Middle, Malder 54AWA		ELINSKA			
TO	190. INFORMANT'S NAME (Type/Print) ROYMOND NOW	ICKI SE	5768	MAP		ROUTE Number, City or Tow RD. BACT		2. 2/239			
T TRAIL	20e. NETHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20b. PLACE cometery, or	AND DATE OF DIS		The of CEM.	DATE 20c. LC		y or Town, State 10RE MD.			
GAGIIIII	21. SIGNATURE OF FUNERAL SERVICE LICEN	Dippelgr	2	DIPP	EL FULL	DERAC HE	ME.				
m, me meere	23. PART i. Enter the disease, or corshock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEUMO	NIA	nter the mo	de of dying, suc	ch as cardiec or resp	fratory stream	t, Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTI	that initiated events resulting in death) LAST d										
MEDICAL	PART II. Other significant conditions COPD — CAD	contributing to deeth but not	resulting in the	underlyln	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		IOSPITAL:		28. PLACE OF OEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)							
	27. MANNER OF DEATH 1	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO		28d. DESCRIBE HOW	INJURY OCCUP	RED			
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, office		261. LOCATION (Street City or Town, Stete	and Number or	Rural Route Number,			
COMPLE		N: To the best of my knowledge, do									
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER Hogeon Ander	7			29c. LICENSE NU			IGNED (Month, Day, Year)			
	HAZEM AND A	PH - G5H	M 27) (Type, Print)				-	,			
	DEC 221993	32: REGISTRAN'S SIGNATURE									

DHMH-16 Rev 1/89



KRIS 31. DATE FILED (Month, Day, Year)

DEC

22 1993

93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH MASY , lepNo 14 a 1507 DECEMBER ,199 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 09-15-25 8. BIRTHPLACE (State or Foreign Country) 8. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 68 1 M 2 F 219-16-5369 MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SETON MANOR NURSING HOME BALTIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 YES 2 NO permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11' W. 20th ST. use as the burial-transit 21213 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only higher Elementary/Secondar (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te WILLIAM CARRIE JOHNSON WILSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AGNES CHAMBERS BELLE AVE. BALTIMORE, MD. 21207 5602 e 20a. METHOD OF DISPOSITION

17 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - Cify or Town, State must 4 Donation 5 Other (Specify) ZITON CEMETERY LANDSDOWNE, MD. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD 21213 attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** the ESDPHAGUC OF disease or condition resulting in death) CANCER event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury y the attending physical Mental Hygiene p other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 YES 2 NO OF DEATH? 1 TES 2 NO has been s Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 🗆 Rasidenca 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 🔀 Netural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 6 Could not be determined 4 🗌 Homicide 29a. CERTIFIER

(Chack only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. RE Z SPITAL 2 MEDICAL EXAMINER: On the besis of a mination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

12 - 20 -93 296. SIGNATURE AND TITLE OF CERTIFIER 品 290 C. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N. EUTAW ST #305-BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						ICATE (REG. NO			
	1. DECEDENT'S NAME (F	First, Middle, Last)						2. DATE	E OF DEATH	AY " Y	EAR 3. TI	ME OF DEAT
		LUCI	LLE	MOS	S			12	20	199		:40 A
	4. SOCIAL SECURITY NU 212-74-2		5. SEX		8 YRS.	MONTHS DA	EAR IF UNDER 24 HRS. NYB HOURS MIN.	7. DATE	of BIRTH	5	BIRTHPLACE Country)	E (State
TOR	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 810 NORTH CAREY ST BALTIMORE CITY RESIDENCE OF DECEMENT											
DIRECTOR	10e. STATE MD	10b. COUNT	Υ		0.77	TY, TOWN OR L	OCATION				100	INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMB		ST		101. ZIP CODE				10g. CITIZEN			COUNTRY?
TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C	☐ Married	12. WAS DECEDEN	T EVER IN U.S VES 2 MAR OR DATES	X NO	If ye	DECENDENT OF NISP as, specify Cuban, Maxi YES X X NO Spec	can, Puarto			Stack, White	merican India ta, etc.
		DECEDENT'S EDU only highest gradi ry (0-12)		-	69. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE			SINESS/INDUS	TRY			
	17. FATHER'S NAME (First		SON			Ţij	MABLE		Middle, Meiden	,		
	19a. INFORMANT'S NAME ROBERT	MOSS					orest and Number or Run			vn, State, Zip Co	_	
	20a. METHOD OF DISPO		noval from Stata		CEANDDATE	OFDISPOSITIO		DAT	TE 20c. LC	CATION — CH	y or Town, S	
	21, SIGNATURE OF FUNE	eral service Li	CENSIA	X.	00.		RCHF F/H		T 43	200 577	D A GII	2375
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TIFICATION	IMMEDIATE CAUSE	r heart failure. (Final	a. Arterio	use on each	Otic Consequence of	not enter the	L / L	ich aa car	rdiac or reap			Approximation interval Be
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Yours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 . S	FOR STATE REGISTRAR	SIMIE UF MI	ARYLAND / DE CER	TIFICAT				REG. NO	u	3	3712	20	
1. DEC	CEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEA	TH	
	John T. Maxwe	ell					Dec	. 20		YEAR 193	5:30	p M	
	CIAL SECURITY NUMBER	5. SEX (6. AGE (In yrs. lest birt		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or F	oreign	
21	15-10-6851	1 X M 2 🗆 F	83	YRS. MONTHS	DAYS	HOURS MIN.	Dec	. 19,	1910		yland		
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PE M	Meridian Caton Manor Baltimore												
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CIT	1	
ä	Md.	Baltin						1 YES 2 NO					
₹ 10e. 51	TREET AND NUMBER				. ZIP CODE			10g. CITI	TIZEN OF WHAT COUNTRY?				
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<u></u>	George B. Maxwe	511				Margar							
O 19a. IN	NFORMANT'S NAME (Type/Print)					and Number or Rural		-					
	Lillian Maxwell					Avenue,	Balt		cation –	1230			
1 ¥ ∃ B	Burial 2 Cremation 3 Ramo	oval from Stata	cemetery, premate Wester	ory or other place	FORV	ame of						<u> ا</u>	
	GNATURE OF FUNERAL SERVICE LIC	CENSEE/)	WCGCCI	22.	NAME AN	ND ADDRESS OF F	ACILITY				Marylan	u	
	> //2	4	1			L. Kauf							
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Gracie E. McDanie	1		2. DATE OF DEATH DATE 1 2	1 9 9 3 °	3. TIME OF OEATH
	212-36-4405 1 M 2 DAF (9 7 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN. ITY, TOWN OR LOCATION OF DE		906 8. BIRT County OF	IVA
TOR	7734 WASHINGTON BLVD	. #8S	ELKRIDE	5	How	MARD
DIRECTOR	MARYLAND HOWARD COUNT		NOR LOCATION ELICRIDATE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7734 WASHINGTON BLVD	#85	101. ZIP COOE	127		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	IS. WAS DECENDENT OF HISPAI If yee, specify Cuben, Maxics 1 YES 2 Specifi	in, Puerto Ricen, atc.)	or No— 14, RAC Blac Spe	CE — American Indian, ck, White, stc. city:
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN	life. Do NOT use retire	ne during most of working		SINESS/INOUSTRY	J
COMI	17. FATNER'S NAME (First, Middle, Last) CHARLIE WILLI		16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or Rural			<i>/C</i>
2	MS. LEONA FLINT	7734 W	SHINKTON BU	D. +85, 6	ELLEIDE	5 MD 2122
	No Burlei 2 Cremation 3 Removal from State	other place)	(Name of cometery, crematory or		CATION — City or 1	fown, State WA
	21. SIGNATURE OF SUMERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY	Home	en.
_	23. bant/l. Enter the diseases, or complications that ceueed	the death Do not an	ELLICOT C			Approximate
	ahock, or heert fellure. Ast only one cause on es	CONSEQUENCE OF):	2			interval Between Onset and Desth
SATION	if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to deeth by	the resulting in the	underlying/pouse given in ManCL	Part I. 24a. WAS AN PERFOF	RMEO?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: P	25. WAS CASE REFERREO TO MEDICAL	1000				
SICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Output	itlent 3 DOA 4	26. PLACE OF OEATN (C/ IER: Nursing Nome 5 Mesidence			
	27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide e Could not be determined 20e., PLACE OF INJURY Building, stc. (Special Country of the Cou	— At home, farm, street,		26f. LOCATION (Street and City or Town, State)		Route Number,
COMPLETED	29e. CERTIFIER (Check only 2 ERTIFYING PNYSICIAN: To the best of my knowledge) 2 UNDICAL EXAMINER: On the best of examination					(a) and manner as stated.
TO BE C	29b. SIGNATURE AND STATE OF CONTINUES	Wil	29 CHICENCE NO	inger 13	29d. QAPE SIGNS	Month, Day Yang
	30. NAME AND ADDRESS OF PERSON WHAT TO PRESENT OF THE STATE OF THE STA	- 45 Vini	OLD AN	NAPULI	1 10	E.C.MD
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FOR STATE REGISTRAR

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3, P.C	an death an
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	amedian that a
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ISION	ATTENDADO
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DEC IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 F YRS Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH CROMWELL DIRECTOR RESIDENCE OF 10c. CITY, TOWN OR LOCATION permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2 use as the burial-transit 21 physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced attending COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only hig 6 for /Secondary (0-12) ege (1-4 or 5+) hospital detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middly the 2 T Z BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Prin 19b. MAILING ADDRESS (Street 2 4 pe 20a. METHOD OF DISPOSITION
1 D Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION / Name of DATE must Removal from State 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE removal medical 23. Port / Enter the disease, or complications that caused the de shock, or joint fallure. List only one cause on each line cations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in 6 IMMEDIATE CAUSE (Frail disease or condition cremation, the coronaryantery desease Heriosclerate completely event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten minn. PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL and any Signed Health a 1 TES 2 NO Shows L. of I PHYSICIAN: has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate to the State HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 - YES 2 NO Iome 5 - Residence 6 - Other (Specify) 10 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with 1 marked. 1 Natural 2 Accident 5 Pending 1 YES 2 NO After 1 BY 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 100 8 Could not be DIRECTOR: A hours after d COMPLETED 28 4 Homicide determined hours Hem 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL WITHIN 72 TANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as MPORTANT within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PARIOR

31. DATE FILED (Montif, Day, Your)

MD

4098

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CERTIFICATE OF DEATH

2 DATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH 5:00 AM 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH BALTIMORE CO. 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE State, Zip Code 20c. LOCATION - City or Town, State VILLAS Approximata Interval Betwe **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) mB2R20,1993

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	FOR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	FAITH A	ND M	IENTAL HYGIEN	JF	93	37123	
_	1 - STATE REGISTRAR						DEATH		REG. NO		20	37123	
	1. DECEDENT'S NAME (First, Middle, Last)									XAY	YEAR	3. TIME OF DEATH	
	Edna Robey Pritch									, 19		5:40 P.M	
	CARL CALL STREET,	5. SEX	6. AGE (In yrs. le:		IF UNDER	1 YEAR DAYS	IF UNDER 24	Manual	7. DATE OF BIRTN (Month, Day, Year)		Count	NPLACE (State or Foreign try)	
	212-24-3935 9e. FACILITY NAME (If not institution, give str	- 11	78	YRS.					April 15,	_		yland	
œ							R LOCATION	OF DEA	ITN		INTY OF I		
5	15601 Haynes Road				Lau	irel				Prince George			
DIRECTOR	Maryland Prince George			10c. CITY, TOWN OR LOCATION Laurel						10d. INSIDE CITY LIMITS? 1 YES 2 [X NO			
AL	10e. STREET AND NUMBER	_				101	ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
ER.	15601 Haynes Road						20707			l II	SA		
BY FUNERAL	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AT YES 2 TO MAR OR DATES	RMED NO									
	15. DECEDENT'S EDUC	ATION	16a. DE	ECEDENT'S	USUAL O	CCUPATIO)N	-	16b. KIND OF BU	JSINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	live kind of Do NOT u	work done o se retired.)	during mo	st of working		12-22/192				
됩	12	Ø		mema	ker				Home				
Š	17. FATNER'S NAME (First, Middle, Last)						18. MOTNE	R'S NAM	E (First, Middle, Maider	Sumame)			
BEC	John Nelson Robey						Eli:	za E	lizabeth	Murp	hy		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or	Rural Ro	oute Number, City or To	wn, Statu, Z	ip Code)		
F	Warren Pritchard		1	5601	Hayr	ies i	Road,	Lau	rel, Mary	land	207	07	
	20a. METHOD OF DISPOSITION 1	val from Stata	20b. PLACE AND DATE OF DISPOSITION (Name of commetter commetters of other place) Baltimore—Washington Crem. 12/19 Laurel, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	/)	IIIO I C	22.	NAME AN	D ADDRESS	OF FAC	um Fleck	Fune	ral	Home, Inc.	
	- / Colall	Idea	la		7	7601	Sandy	y Sp	ring Road	l, La	urel	, Md. 20707	
	23. PART I. Enter the diseasea, or cannot ahock, or heart fellure. L	ist only one car	caused the o	eath. Do	not enter	the mo	de of dylng	g, such	as cardiac or resp	olratory a	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)		OR AS A CONSE	1	Fail	urs	,					Onset and Death	
		DUE TO	(OR AS A CONSE	OUENCE C	F):		_	,					
TION	Sequentially list conditions, If any, leading to immediate Metastatic cancer unconfirmed primary Months Months												
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
ᅙ			death but and		In the last		2015			11000000			
MEDICAL	PART II. Other algnificant conditions	contributing to	geeth but not	resulting	in the un	deriying	g cause giv	ren in P		RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ا ۾									t YES	2 NO		OF DEATN?	
Σ									- 1			1 TYES 2 NO	
ä	A												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) THOSPITAL: 1 Input ant 2 ER/Output ent 3 DOA 27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, Year) Continued to the control of the													
2	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2		28b. TIA		alng Nom 28c, INJ			Other (Specify)	15.1 11.100.1 40.4	2011050		
- 1	1 Natural 5 Pending	(Month, L	Pay, Year)	IN	JURY	WO	RK?		28d. DEŞCRIBE NOW	INJURY O	CURED		
B	2 Accident Investigation 3 Suicide Could not be	28e, PLACE O	OF INJURY — At he	ome ferm	street fact			-	281. LOCATION (Street	and Numbe	er or Owni	Souda Number	
	4 Homicide 8 Could not be determined	building	atc. (Specify)	,,					City or Town, State		or visitelli	· word iturious,	
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause (a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause (b) and manner as stated.								(a) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN	_		,		D (Month, Day, Year)	
BE	Jenny 4	May ME	D				7) 4		260			uper 17, 1993	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Tro)	Print)		30	-		U		1113	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Tennix Moy, MD 14333 Laurel-Bawie Rd #387 Laurel MD 20708

31. DATE FILED (Month, Day, 1961)

DEC 22 1993

DNMN-16 Rev 1/89

Jenny May, MD 31. DATE FILED (Month, Day, War) DEC 22 1993

-616- 22 in the state of the

	1 - REGISTRAR	С	ERTIFICA	ATE OF	DEATH	REG. NO).		
	1. DECEDENT'S HAME (Int. Middle, Last)		EFF	ER		Dec		13	9°40pm
	4. SOCIAL SECURITY NUMBER 2.15-05-3665 5. SEX 1 □ M 2	/ / / /	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 14,	898	Mary!	(State or Forfign
ECION .	9a. FACILITY NAME (If not institution, give street and nur Cheasapeake Manor Nu RESIDENCE OF DECEDENT		9b.	Arn	or location of de	ATH		of DEATH Aruno	lel
	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCA	TION			10d, II	ISIDE CITY
20	Muryland Anne Arus	ndel	A	Innapo				1 🖄	YES 2 NO
LONERAL	100. STREET AND NUMBER 411 State Street			10	21403			N OF WHAT C	OUNTRY?
5	1 Name Married 2 Married FORCE	DECEDENT EVER IN U.S. A ES? 1 NES 2 X B, GIVE WAR OR DATES	RMED NO	If yes, s	CENDENT OF HISPAN Hecify Cuben, Mexical 2 X NO Specify		os or No 14	RACE — Am Black, White Specify: White	, etc.
YEE I ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege ((ECEDENT'S USU Give kind of work in a. Do NOT use ret	done during m		16b. KIND OF B	JSINESS/INDUS	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		11000	avene	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
פר	John Thomas Kelley					aret Gree			
	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To			
-	Mary Kathryn Holliday					innapolis.			
	20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from 5	State Office (Mace)		metery, crematory or		OCATION — CH		
- 1	4 Donation 5 Other (Specify)	Un	ma kio		METERY I ND ADDRESS OF FA	2-18-93			
	Jams B &	leni				11824 Home Re			n Road Id.21136
HIFICALION	29. PABT I. Enter the diseases, or complicate abook, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		EQUENCE OF):						Approximate Interval Between Onset and Death
CEKIE	that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	EOUENCE OF):						
MEDICAL	PART II. Other aignificent conditions contrib	uting to death but not	resulting in the	he underlyli	ng cause given in		IN AUTOPSY DRMED?	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
		. –							
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI			THER:	LACE OF DEATH (Ch				
PHYSICIAN	27. MANNER OF DEATH 28s.	DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. IN	JURY AT	28d. DE\$CRIBE HOV	/ INJURY OCCU	RED	
1 1	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)							lumber,
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the								manner as stated.
BE.	296. SIGNATURE AND TITLE OF CHRITIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 101/6/57								1. Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLE Michael S. Riebman,	TED CAUSE OF DEATH (IT			Suite	202 Anna	nalis	Md 2	1401
		191. U. 230		vu Nu	Surce	LVL MIII	Johns,	mu. Z	1 10 1
	DEC 22 1993	anderston 19	white						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Dours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37125

GORDON W, PINCHBACK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 90. FUNDER 1 YEAR F UNDER 1 YEAR F UNDER 24 HRS. (Morrin, Day. Year) 90. FACILITY HAME (II not institution, give street and number) STREET-2600 BLOCK QUANTICO AVENUE PAESIDENCE OF DECEDENT 100. CITY, JOWN OR LOCATION	e of OEATH 20 P (Staty or Foreign
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9. AGE (In yrs. last birthday) 9. FUNDER 1 YEAR FUNDER 2 HRS. 7. DATE OF BIRTH (Morith, Day, Vear) 9. AGE (In yrs. last birthday) 9. AGE (In yrs. las	State or Foreign
STREET-2600 BLOCK QUANTICO AVENUE BALTIMORE CITY AESIDENCE OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION 107. ZIP CODE 109. CITIZEN OF WHAT CO 109. CITIZEN OF WHAT CO 109. CITIZEN OF WHAT CO 111. MARIJAL STATUS 1 Never Married 1 Wildowed 4 Divorced 1 Yes 2 PNO	
106. STREET AND NUMBER 3 0 4 0	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 PNO Specify:	ISIDE CITY MITS? YES 2 HO
IF YES, GIVE WAR OR DATES 1 YES 2 PNO Specify: Specify:	JUNTAY?
10/1/	ricen Indian, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (One And of working most of working) 18b. KIHD OF BUSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Meiden Surrafie)	
(198_INFORMANT'S MAME (TyperPrint)) 198_ MAILING ADDRESS (SIRBIT and Number or Rugal Route Wymber, City or Toyrn, State, Zip Cogli) The Annual Company of the Company of	SMI
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	ma
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OFFICIETY FUNERAL SERVICE LICENSEE 23 D.D.D. L.L. A th. L.D. Gult D	10
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MUTTPUS GUNSHOT WOUNDS DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):	
PERFORMED? ANNIAR	AUTOPSY FINDI BLE PRIOR TO ETION OF CAU
1 \(\triangle\) Yes 2 \(\triangle\) NO OF DEA	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTNER:	
1 YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 KOther (Specify) ON STREET	
27. MAHHER OF DEATH 1 Heturel 5 Pending Investigation 26. DATE OF IHJURY (Month, Day, Veer) 12 19 1993 11:17 P 1 YES 2 HO 28d. OESCRIBE HOW INJURY OCCURED SUBJECT SHOT	
3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, fectory, office 260. DLOCK QUANTICO AVENUE—STREET 281. LOCATION (Street and Number or Flural Route Number of Flural Route Nu	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	anner as atate
296. SUCHASTURE AND TITLE OF CERTIFIER 296. LICENSE HUMBER OCME 296. LICENSE HUMBER OCME 12 20	199
296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE HUMBER 29d. DATE SIGNEO (Month.	199

BALTIMORE, MARYLA	
BA	
,09289	
P.O. BOX 6	
CORDS,	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH Vincent Aloysius Presti YEAR 3 1255A INCENT 12 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 - F 219-10-8033 90 YRS. 6/11/1903 Maryland 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Lorien Frankford Nursing Center Baltimore Pages 1, 2, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? in by the funeral director, page 5 should be detached for use as the burial-transit r removal. 21206 4209 LaSalle Avenue United States the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. ND 21215-0020 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 8+) 8 Paper Hanger Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) × Salvatore Presti Angela Giordano Presti retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene T. Hoke 4209 LaSalle Avenue Baltimore, Md. 21206 Раде 6 тау be be METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Parkwood Cemetery 12/23/93 Donation 6 - Other (Specify) . Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Mark Zavoyna Mark 5305 Harford Road 21214 Baltimore medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. interval Between 6 filled Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, 華 disease or condition tspiration presmont 3 reaulting in death) event, Hiple CVA traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate attending physician COPD prior cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other Hygiene DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atter Mental Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL Signed by the Health and эпу 1 YES 2 NO Shows 1 YES 2 NO DIVISION OF VITAL RE has been s Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law in DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item HOSPITAL OT/LER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 90 COMPLETED 6 Could not be 4 Homicide 28 determined ltem | 29a. CERTIFIER 1 / CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL OF THE FUNERAL CO DE FIED WITHIN 72 h (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

12-21-93 296. SIGNASUME AND TULE OF CERT 29c. LICENSE NUMBER BE 28461 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard Bouvottes SSOS Hopku Law

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day,

92 1993

ONMN-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPINL OF A FIENDING PHYSICIAN: The law requires that the death centificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND	CERTIFIC			REG. NO.	93	3/12/
1. DECEOENT'S NAME (First, Middle, Lest)	Edward Em	rich F	alcher		TE OF DEATH DAY	1995	3. TIME OF DEATH 4:40 P M
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yrs		F UNDER 1 YEAR	/14	TE OF BIRTH		LACE (State or Foreign
219≈01≈7460 1 9a. FACILITY NAME (If not institution, give street	№ 2 □ F 74	YRS.	DAYS		23 - 1919	Country)	aryland
					90	COUNTY OF DE	AIH
Francis Scott Key	Medical Cent	er	Balt	imore City			
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
Maryland	Baltimore			Dundal	k		1 YES 2 ND
10e. STREET AND NUMBER			101	I. ZIP CODE	101	g. CITIZEN OF WI	HAT COUNTRY?
7416 Alvah Avenue	Apt. E			2122	2	United	States
	2. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2	ARMED		CENDENT OF HISPANIC DRI		14. RACE -	- American Indian, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify:	o riioari, etc.)	Specify	e:
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	College (1-4 or 5+)				0	11 1	0
Unknown 17. FATHER'S NAME (First, Middle, Last)		Assemb	xer	18. MOTHER'S NAME (Fin	General		Corp.
Francis Palcher				Mary A.		annej	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIND AT	DORESS (Street a	INCULU A		ste Zin Codel	-
Walter Deaver				morton Road			21009
20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF	0.00		The state of the s	DN — City or Tow	
1 Donation 5 Other (Specify)	combinent cemetery	crametory or other	r nlace)	sleum12/22/			
21. SIGNATURE OF PUNCHAL SERVICE LICEN		//		ND ADDRESS OF FACILITY			
1 12/1/1/1/	1-21			-Ruck Funer			
23. PART I. Enter the diseases, or com	nolications that caused the	desth. Do not	7922	Wise Ave.	Dundalk.	MD 21:	222
23. PART I. Enter the diseases, or com shock, or haert fellure. List	nplications that caused the	desth. Do not line.	7922	Wise Ave.	Dundalk.	MD 21:	222 Approximete interval Between
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ahock, or haert fallure. List IMMEDIATE CAUSE (Final	t only one cause on each	line.	7922 enter the mo	Wise Ave.	Dundalk.	MD 21:	222 Approximete interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO EHOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled and provided by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

F	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STRAR	CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 37128
8	1. DECEDENT'S NAME (First, Middle, Last)	Pauline M	arie Post		2. DATE OF DEATH MONTH DAY	
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	219-22-9259		3 YRS. MON		4-15-192	
· ·	9e. FACILITY NAME (If not institution, give str		9b.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF DEATH
E	721 Gregwood Cow	rt		Dundalk		Baltimore
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d, INSIDE CITY LIMITS?
	Maryland	Baltimore			ndalk	t 🗌 YES 2 💢 NO
RAI	10s. STREET AND NUMBER			10f. ZIP CODE	222	10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	721 Gregwood Cou	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	222	United States or No. 14. RACE - American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Maxico	en, Puerto Ricen, etc.)	Binck, White, etc.
ВУ	3√√ Widowed 4 □ Divorced					White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of work of the Op. MOT use met	AL OCCUPATION lone during most of working red.)	16b. KIND OF BUSI	NESS/INOUSTRY
12	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Housewi		000	n Home
No.	17. FATHER'S NAME (First, Middle, Last)		nousewi		AME (First, Middle, Maiden S	
l w	Ila Stevens			Zora	Oldacker	
10 B	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural		
-	<u>Willard Post</u>			ornwall Road	Dundalk,	
	20s. METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rval from State 20b	PLACE AND DATE OF DIS etery, crematory or other p	SPOSITION (Name of	DATE 20c. LOC	roll County, MD
	21. BIGHATURE OF FUNERAL SERVICE LICE	пири	areview w	22. NAME AND ADDRESS OF FA	CILITY	
П	1/hall	1 Feels	/			of Dundalk, Inc.
Н	23. PART t. Enter the diseases, or co	omplications that caused	the death. Do not e	7922 Wise A	ve. Vundak	k, MD 21222
1 1	shock, or heart fallura. L IMMEDIATE CAUSE (Final	.ist only one cause on e	ech line.			interval Between Onset and Death
	disease or condition resulting in death)	Route	Myoca	deal Infan	etun	
		DUE TO (OR AS A	CONSEQUENCE OF):			
NO N	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			
CAT	csuse. Enter UNDERLYING CAUSE (Disease or injury					1
RTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			
CER	d d	1.				
무	PART II. Other significant conditions	contributing to death b	ut not resulting in th	a undarlying cause given in	Part I. 24s. WAS AN A PERFORM	
MEDIC					1 TES 2	COMPLETION DE CAUSE
						1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	hank anti-anal	
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		HER: Nursing Home 5 - Residence	41 15 m. S	
높	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW IN	JURY OCCURED
BY F	1 Natural 5 Pending 2 Accident Investigation	(300111, 54), 154)	INSON	M 1 YES 2 NO		
ED !	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atreet ify)	, fectory, office	28f. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
<u> </u>	20a CERTIFIER					
COMPL	(Check only			the time, data and place, and dur my polition, death occured at the		ner se stated. I due to the cause(s) and manner ee stated.
	295 SIGNATURE AND TITLE OF CERTIFJER			29c. LICENSE NU		
BE C	19 aug 12	all w	0	DZLP	31	29d. DATE SIGNED (Month, Day, Year) 12 21 93
유	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)		1-1-11
	DATE PHEN MANY 2					
	31. DATE FILED (Month, Day, Year) DEC 22 1993	32 REGISTRAR'S SIGN.	ATURE			
الــــا	DE0 86 1993	A and installed	- Shorker			

Maria Carababby

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR 37129 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH MONTH RUSSELL 11:05 AM C CLARA 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYE HOURS 1 | M 2 | F 82 191 220-01-4274 April 18, Maryland 9e. FACILITY NAME (If not institution, give si 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Glen Burnie Maryland Anne Arundel 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 100 Chain-O-Hills Road 21060 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 I YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 7 yrs. Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Suma Thomas William Golden Margaret E. Brooks 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Charles C. Russell Jr. 100 Chain-O-Hills Rd. Glen Burnie, MD 21060 20s_METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State akeview Memorial Park 12/21 Sykesville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home ori Dana 421 Crain Hwy. S.E. Glen Burnie, MD 21061 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) (lesquota) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 WES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CAS 1 | YES 27. MANNER 1 Natu

E HELEHUED IO MEDICAL				26. PLACE OF DEATH (CA	reck only one)	
2 KNO	HOSPITAL: 1 inputient 2 ER/Outputient :	3 DOA	OTHE 4 Nu	R: Irsing Nome 5 - Residence	8 ☐ Other (Specify)	
OF DEATN rai 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED	
ide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, i	street, fac	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)	

29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

34109

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MICHAEL SYLVA A/1600 CRAIN HIGHWAY SW #302/GLEN BURINE MD 21061

31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

SELL SE 1997 Sie to ma Malie

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH eaves corge SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 250-60-5717 DAYS 53 HOURS M 2 F YRS. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH Himme MO (autos Conte Mr DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit 900 ARGLE AVE APT 1214 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed WD Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete entary/Secondary (0-12) Coflege (1-4 or 5+) **7TH** UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 76 DAVID REAVES BE STELLA SMITH funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROOSEVELT 2723 REAVES W. FAIRMOUNT AVE BALTO, MD 21223 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must MEMORIAL PARK 12249B examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY urs after death. -MARCH F/HWEST 4300 WABASH AVE frome n by the f medicai 23. PART I/ inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by t ock, or heart failure. List only one ceuse on each line. 6 IMMEDIATE/CAUSE (Final disease of condition and completely fille burial, cremation, the SoTohace condition event, resulting in death) executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events attending physician ntal Hygiene prior to requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 signed by the atte injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL amy 1 YES 2 NO Shows has been : Dept. of h PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRICO TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h **Tem** HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 VES 3 NO patient 2 - ER/Outpatient 3 - DOA 6 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked. 1 Natural 5 Pending 1 YES 2 NO BY L DIRECTOR: After the hours after death v 7 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 99 6 Could not be COMPLETED 28 4 Homicide determined Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firms, data end place, and due to the cause(a) and manner as stated. (Check only one) TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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CERTIFICATE OF DEATH

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30. NAME AND ADDRES

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 9:00 93 BIRTHPLACE (State or Foreign 3.C 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, Stata RANDALLSTOWN MD Approximata

interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

OF DEATH?

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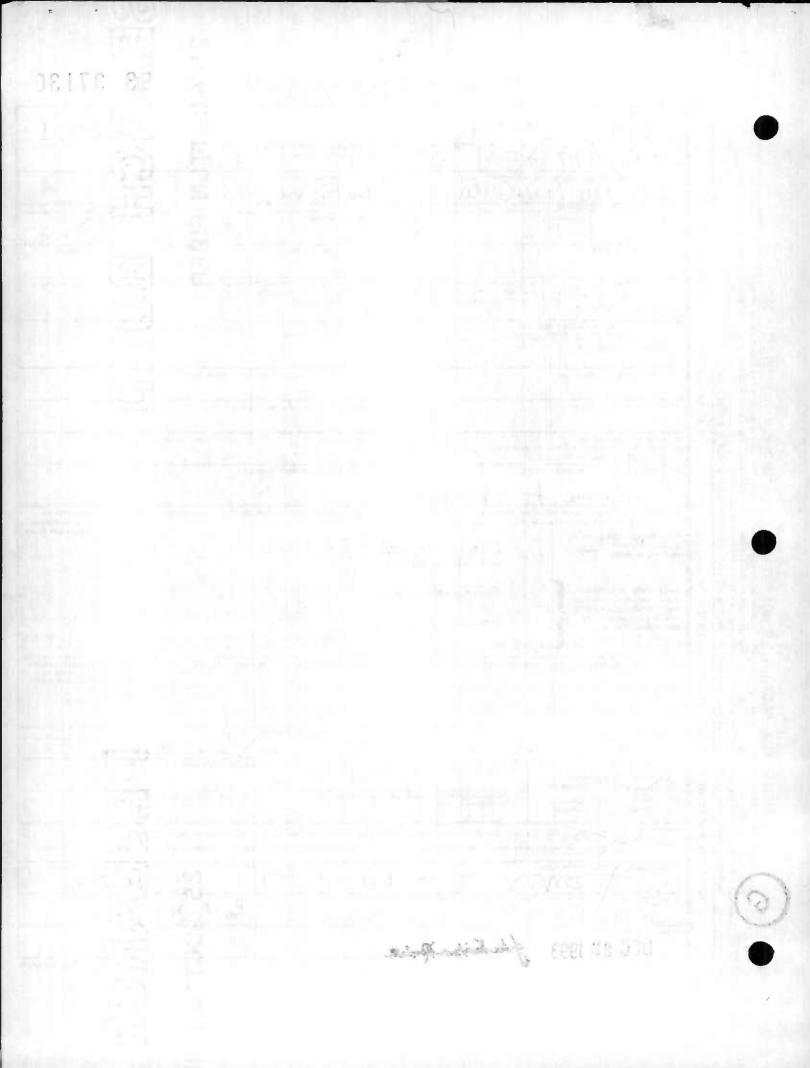
29d. DATE SIGNED (Month, Day, Year)

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COMPLETION OF CAUSE

1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

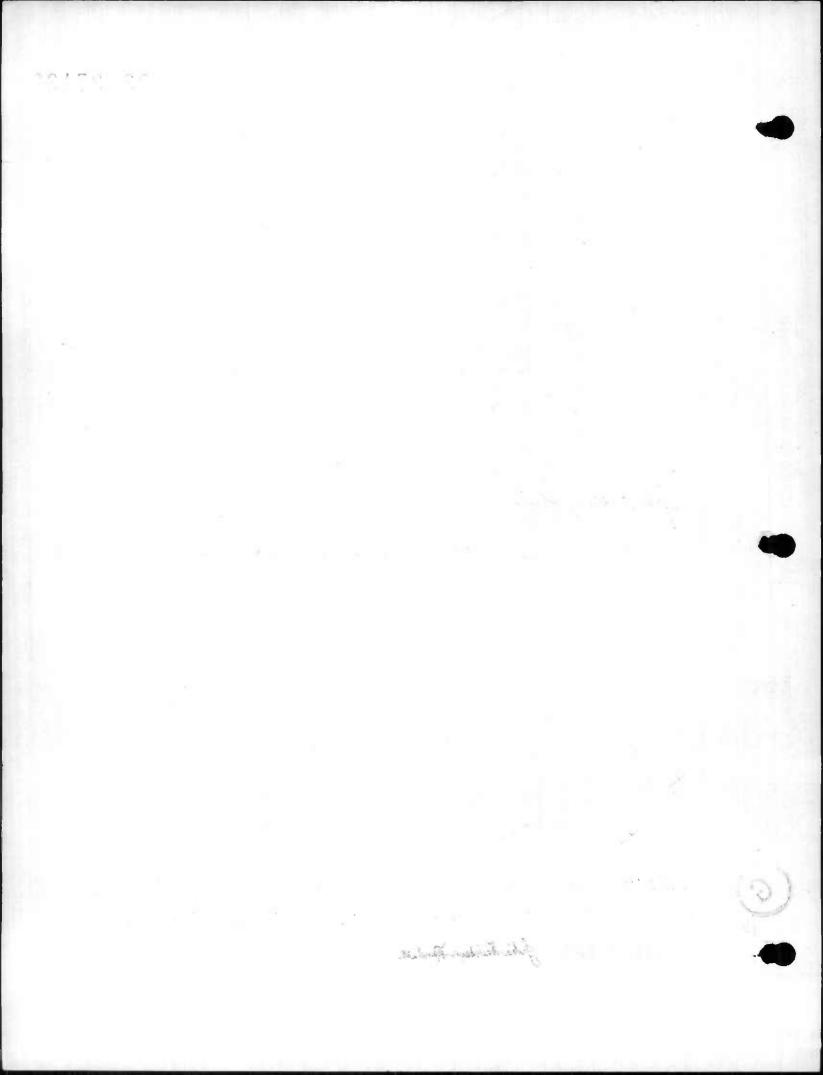
93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT O		MENTAL HYGIENE REG. NO.	93	37131
1. DECEDENT'S NAME (First, Middle) ANNIE	REED REED			2. DATE OF DEATH DAY	199-	
4. SOCIAL SECURITY NUMBER 2/8-67-627. 99 FACILITY NAME III not institution	5 10 M 2 F 8	YRS.	EAR IF UNDER 24 HRS. AYS HOURS MIN. WIN OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year)	18 8	IRTNPLACE (State or Foreign ountry)
RESIDENCE OF DECEDER		BAI	TIMORE CI		9c. COUNTY (
	OUNTY	10c. CITY, TOWN OR L	MOYE 101, ZIP CODE		10è CITIZEN	16d. IHSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
15/0 Mos	12. WAS DECEDENT EVER IN UP FORCES? 1 YES			NIC ORIGIN? (Specify Yes o	U1	RACE — American Indian, Black, White, stc.
1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEOENT	IF YES, GIVE WAR OR DATE		s, specify Cuben, Maxic YES 2 1 10 Speci		16	Black
(Specify only highes Elementary/Secondary (0-12) The Pathern Brane (First, Middle, Li		(Give kind of work done during the DB NOT use retired.)		168. KIND OF BUSIN	IESS/INDUSTI	
w ////	DIEVER		9001	AME (First, Middle, Medden St.	ive	R
184, INFORMANT TO NAME (Type) Pop. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dedford	3405 Sp.	ringdal	ryles runger City or Toyn CHUE BA	16.1	nd.21216
1 Denution 5 Other (Specification 2)	Removal from State cognition	STERN'S	AF AND ADDRESS OF E	12 BH	1/6,	mo! Home
23. PART L Enter the disease	a, or complications that caused the	22	Jan.No	th Ave.	BALL	to M. d. 2/2/
ahock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	llure. List only one cause on sact	whe Col			iory arreat,	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO				H	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CC	ONSEQUENCE OF):				
	ditions contributing to deeth but		rlying cause given in	Part I. 24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI						
EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	Nome 5 Residence			2-1-1A
I Marcolan 3 Paradina	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. IHJURY AT WORK?	28d. DESCRIBE HOW IHJ	URY OCCURE	0
3 Suicide 8 Could r	ot be 28s. PLACE OF IHJURY — building, etc. (Specify)	At home, term, street, factory,	office	28t. LOCATION (Street and City or Town, State)	d Number or Ri	ural Route Number,
and and	PNYSICIAN: To the best of my knowledge AMHER: On the basic of examination as					see(e) end manner ee stated.
296. SHONGEORE AND TITLE OF CE	Geralton	100	29c, LICENSE NU	MBER : 2438946-68	Pod. DATE SIG	HED (Month, Day, Year)
OSCAR GO	ON WHO COMPLETED CAUSE OF DEATH	D. Clesion	Memoria	e Hozait	al C	Balfomere.
31. DATE FILED (Month, Day, Year) DEC 2 21993	32. REGISTRAR'S SIGNATU				3/11-	

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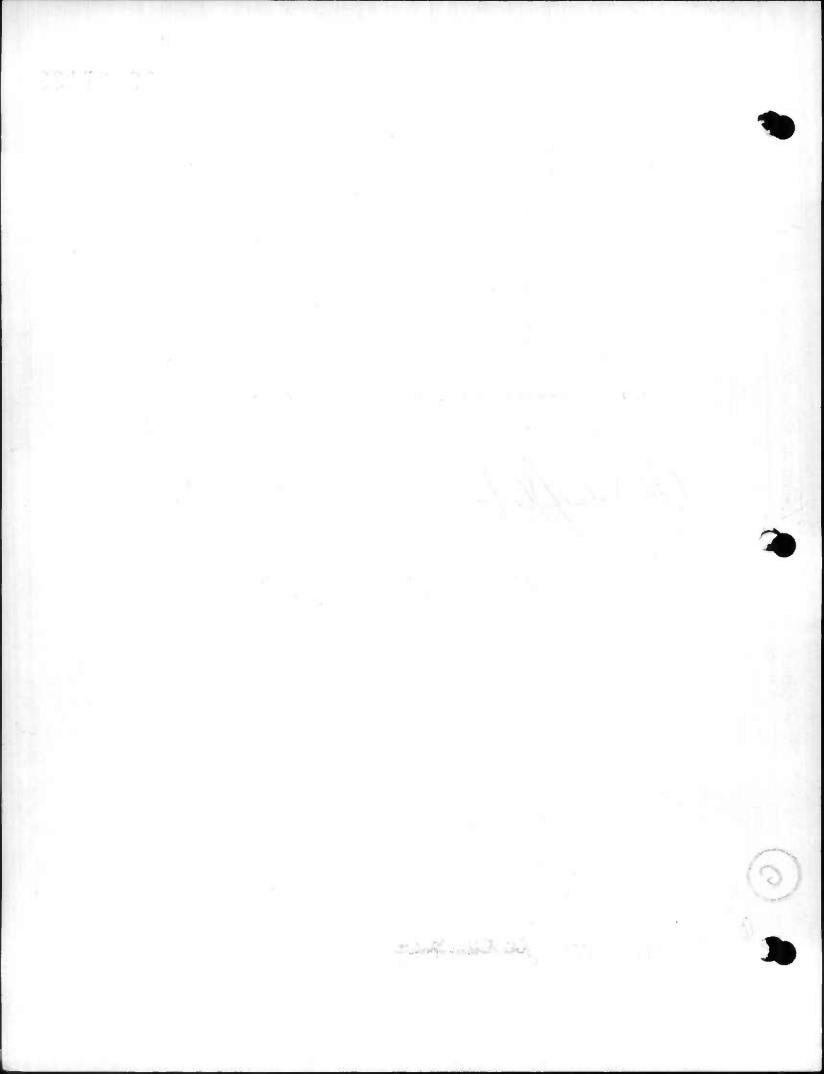
BALTIMORE, MARYLAND 21203-3146	# HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely stad in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TINIT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MARYLAND 21203-	be retained by the hospital or attent	je 5 should be detached for use as	e notified at once.
BALTIMORE,	yurs after death. Page 6 may	and in by the funeral director, pay on, or removal.	e medical examiner must b
BOX 13146,	tificate be executed within	physician and completely ene prior to burial, cremation	ther traumatic event, th
RECORDS, P.O	w requires that the death ce	been signed by the attendin tt. of Health and Mental Hyg	shows any injury, or o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TENDING PHYSICIAN: The law	FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely and the the within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	8 Is marked, or item 23
DIVIS	SPITAL OR ATT	JERAL DIRECT	IT: If Item 2

1. DECEDENT'S NAME (First, Middle, La					OF).		
	st)				117		2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
(Clarence	Alexa	ander	Rid	ge1	Ley	12-	17-	19	93	400 p
4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE	OF BIRTH		8. BIRTI Count	NPLACE (State or Foreign
214-26-5961	1 🔀 M 2 🗌 F	63	YRS.	MONTHS	DAYS	HOURS MIH.	11	m, Day, Year)	1930	000	Maryland
9a. FACILITY NAME (If not institution, gi						OR LOCATION OF D			9c. COL	INTY OF E	DEATH
9715 Hollow	ood Ct.			Ell	icc	ott Cit	Y		Но	war	d
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	MTV		40. 00	TY, TOWH O							
	oward										10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	owaru		EI	1100	-	City					MXAER 5 NO
9715 Hollow	204 04				10	21042					WHAT COUNTRY?
11. MARITAL STATUS										SA	
1 Never Married 2 Married	12. WAS DECEDE FORCES?	T YES 23	NO	10	f yes, sp	CENDENT OF NISPA pecify Cuban, Mexic	in, Puarto	Rican, etc.)	a or No—	Blac	E — American Indian, ik, Whita, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	S 2 NO Speci	y:			Spec	Black
15. DECEDENT'S	DUCATION	16e	. DECEDENT'S	S USUAL OC	CUPATI	ON	180	b. KIND OF BU	JSINESS/IN		
(Specify only highest g	ade completed) College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done d ise retired.)	during me	ost of working	E	Baltin	nore	Ci	tv
Limited y Coolings (C-12)	3		Posta	1 Su	per	visor		Post			
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S N				re	
	Alexan	der Ri	idgel	ey				Lisb			
19a. INFORMANT'S NAME (Type/Print)				-6	(Street	and Number or Rural				ip Code)	
Shirley	Ridgele	y									, Md.210
20a. METNOD OF DISPOSITION		20b. PL/				metery, crematory or			OCATION -		
1 K Buriel 2 Cremation 3 F	emoval from State	_	er place)	D1-	0	. 12 2	1 00				
4 L. Donation 5 L. Other (Specify)			1don	1016	Ceir	1.12-2		Ba	LL	Md.	
	LICENSEE				NAME A	ND ADDRESS OF FA	KCILITY	_			
4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 101		22.1							al Home 1
23. PART I. Enter the disease, shock, or heert fallu IMMEDIATE CAUSE (Finsi disease or condition	or complications the	et ceused the	0535 death. Do line.	E not enter	11i	cott C	ity,	Mar	ylan	d 2	
23. PART I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	or complications the re. List only one ce	et coused the use on each	o death. Do line.	E not enter OF):	11i	cott C	ity,	Mar	ylan	d 2	1043 Approximata
23. PATT I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the re. List only one ce	et ceused the use on each	o death. Do line.	E not enter OF):	11i	cott C	ity,	Mar	ylan	d 2	1043 Approximata
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MAI	BALTIMORE, MARYLAND 21203-3146
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may're after death. Page 6 may be retained by the hospital or attending physician.	hed by the hospital or attending physician.
O THE PHY MAIL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to be detached for use as the burial-transit permit. Pages 1, 2, 3 should be funerable with the Strain Leaf of Hasilth and Merrial Hyrisen prior in hurial cremation, or removal	huld be detached for use as the burlat-transit permit, Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First,									2. DATE OF DEATH	v	YEAR	3. TIME OF DEATH
		RALPI	H LEE R	IDGELY	, SR					12-13-1	993	TEAR	2:54p M
	4. SOCIAL SECURITY NUMB	l birthday)	IF UNDER 1	YEAR DAYS	IF UNDER		7. DATE OF BIRTH		B. BIRTHE	PLACE (State or Foreign			
	215-32-3589 XXM 2 - F 58 YRS. MONTHS DAYS HOURS MIN. 12-02-1935 Ma									Mary	land		
_	9a. FACILITY NAME (If not int								ON OF DE		9c. COU	NTY OF DE	ATH
OR	3586 Court		se Driv	e; Apt	.1-D	E	11	icot	t C	ity	H	owai	d County
2	RESIDENCE OF DEC	10b. COUNTY	γ		10c. CITY	Y, TOWN OF	LOCA	TION					10d. INSIDE CITY
E	Maryland	Howa	rd Coun	+ v					Ci	+ 37			LIMITS?
1	10e. STREET AND NUMBER	210 11 41.	20, 00011	01			_	. ZIP COD		o y	10g. CITI	ZEN OF W	NAT COUNTRY?
FUNERAL DIRECTOR	3586 Court	Hous	se Driv	e: Apt	. 1-	D		2104	13		II	SA	
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W				IC ORIGIN? (Specify Yes		14. RACE	- American Indian,
	1 Never Married 2	-		I YES 2 🔀 I	10			ecity Cubi		n, Puerto Rican, etc.)		Specify	White, etc.
) BY													white
COMPLETED	15. DECI (Specify only	EDENT'S EDU	cation completed)	(G	CEDENT'S live kind of v Do NOT us	USUAL OC	cupati uring me	ON ast of working	ng	16b. KIND OF BUS	SINESS/INC	DUSTRY	
2	Elementary/Secondary (0	-12)	College (1-4 or 5	+}	i11h					Paper	Mil	1	
M	17. FATHER'S NAME (First, M)	iridia I aat)		F1.	1 1 11	anu		10 MOT	MEDIO MAI	ME (First, Middle, Maiden			
	6-1002	,	PERC	CN 6	CH			10. 1101	ter		Surrigine)		
BE	190. INFORMANT'S NAME (7)		10000			ADDRESS	(Street	nd Numbe		Toute Number, City or Tow	n. State. Zic	Gode)	
2	Ms. Shirle	ev Ric	daelv							Dr.#1D,E			City, MD
	20e. METHOD OF DISPOSITI	_		20b. PLACE	OF DISPOS				The second second			City or Tox	
	1 Donation 6 Other	(Specify)	oval from State	other pl	MCO)					12-14-93	3	Laur	el. MD
	21. SIGNATURE OF FUNDA	SERVICE LIC	CENSEE	1		22. N	AME A	ND ADDRE	SS OF FA	CILITY			
	(My may)	11.	/ 10 . 1	/	400E					eral Home			1040
	23. PART I. Enter the di	1200003 0	complications the	et caused the de	eth Don	33)	EI.	L1CC	lng such	City, Ma	ryla	nd z	Approximata
	shock, or he	eert fellyfre.	List only one car	use on sech line	ho	Vio		oo or ay	mg, ado	rad cardiac or respi	alory on	rear,	Interval Between
	IMMEDIATE CAUSE (Fin	nal /		1-191	L- 1	1.							Onset and Death
	resulting in daeth)		C DUE, TO	O OR AS A COMSE	dutyldt, qr	n:		7	20	7			
z			Sevo	v B	PD	Φ.		(/	(1)	0			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF).												
S	cause. Enter UNDERLY! CAUSE (Disease or inju		C		1.71.			1	90	1	5/	2	
=	that initiated events		DUE TO	OR AS A SONSE	OUENCE OF	WX U	16	19		v. I a	1	un	
H	readiting in death, EAG		d		1								
	PART II. Other algnifica	nt condition	na contributing to	deeth but not	reculting	in the und	deriyin	g ceuse	given in			24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
													DF DEATH? 1 YES 2 NO
× :													
X	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF C	DEATH (Ch	eck only one)		1	
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	PLOOR	OTHER		10 5 KR	esidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TIM	E OF		JURY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
ВУ		Pending Investigation	(Movan,	July, 1001)		M		YES 2] NO				
ED B	3 Suicide 6	Could not be	28e. PLACE (OF INJURY — At he	ome, ferm, s	street, facto	ry, offi	200		26f. LOCATION (Street	end Number	r or Rural R	oute Number,
1	4 Homicide determined building, etc. (Specify)												
COMPLET	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
OM	onel	ICAL EXAMINE	R: On the ones of	examination end/or	Investigation	on, in my of	Inlon.			time, date end place, er	nd due to ti	he cause(e)	and menner ee stated.
EC	296. SIGNATURE AND TITLE	OF COMPU	1/1/	7	1	MA	ME	29c. LIC	ENSE NUM	ABER	29d. DAT	E SIGNED	(Morth, Day, Year)
0		11	11000	Vatorio	- A-	Tuy	4	us	03	1473	•	12/	7/93
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	JSE OF DEATH (THE	M 27) (Type	, Print)						1	
	PATTIMICE A	- Tore	un 45	65 Hemi	och	Come	Wa	my i	Zilli	cottaly 1	un:	2104	2
	31. DATE FILED (Month, Day,		7.4.	AR'S SIGNATURE	1			O		,			
	DEC 28	1993	guin	Meridon 19	my all								



THE HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within, mours after death. Page 6 may be retained by the hospital or attending physician. HE HOSPITAL OF TENDING After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3 should be detached for use 3 should be detached for use 3, 3 sh
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

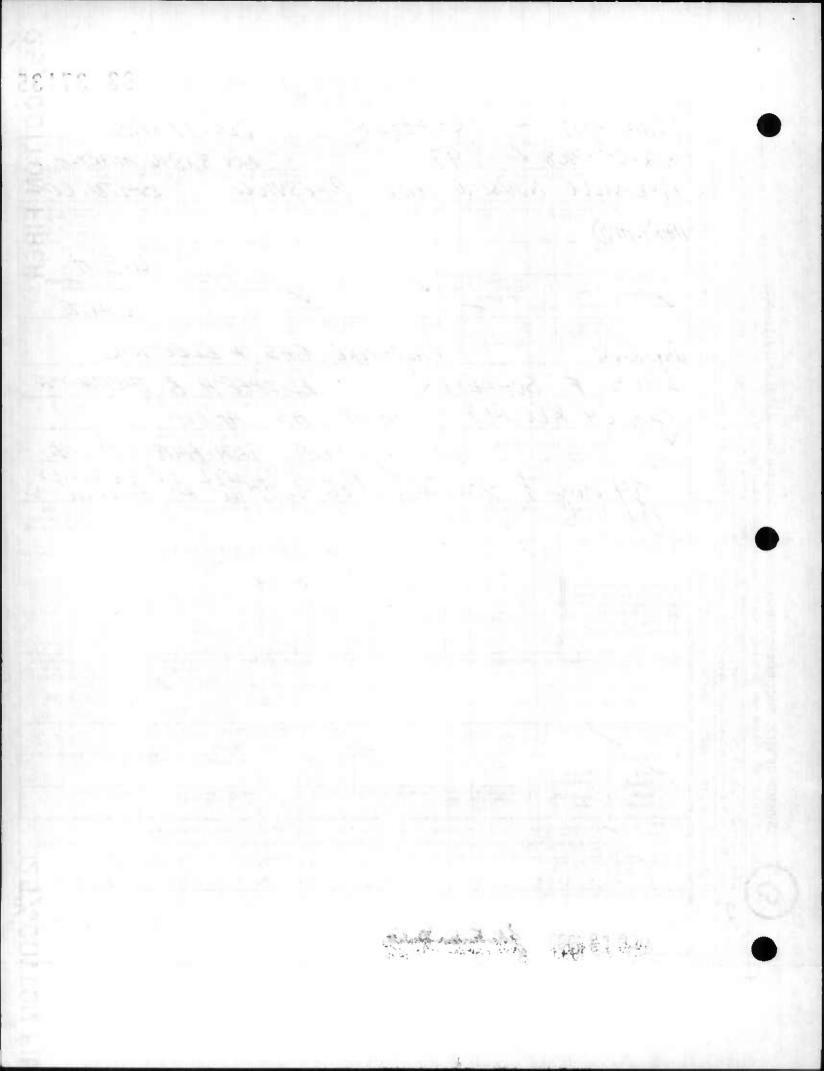
REGISTRAR			CERTIF	ICAL	E OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las Gladys Ida	•	rank					2. DATE OF MONTH	DEATH DAY	1993	3. TIME OF OEATN 9:30 P	
4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)				7. DATE OF			RTNPLACE (State or Foreign	
135-20-0759	Month of Mark Day						ny, Ybar)	Co	lew Jersey		
Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF DE	EATN	9	c. COUNTY O	F DEATN	
14414 Cuba R	oad			C	ocke	ysville			Balt	imore	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV		100 00	ry, town	001004	TION				Last mains area	
	Baltimore		1000	ocke						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER					10	. ZIP CODE		10	g. CITIZEN O	F WHAT COUNTRY?	
14414 Cuba Roa	ad					21030			USA		
11. MARITAL STATUS 1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO		If yes, sp	ENDENT OF NISPAN ecity Cuban, Mexica 2 NO Specify	in, Puerto Rica	Specify Yes or n, etc.)	8	ACE — American Indian, lack, Whita, etc. pec//y: White	
15. DECEDENT'S EC (Specify only highest gra		16a.	DECEDENT'S	USUAL O	CCUPATI	ON	16b. Kil	NO OF BUSINE	SS/INDUSTRY	Y	
Elementary/Secondary (0-12)	College (1-4 or 5	(+	(Give kind of life. Do NOT u	se retired.)	aunng mo	st or working					
	2		House	wife				Homema	kino		
17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA					
Arthur Clares	ice Stout					Ida (N					
19a. INFORMANT'S NAME (Type/Print)	ice beout		401 40000	100-7	2 (2)						
	7 - 1 - 1					and Number or Rural I					
Mr. Helmut E. S	carank		1441	4 Cul	oa R	oad, Coc	keysvi				
20a METHOD OF DISPOSITION 1 Density Surface 1 Cremetten 3 Re 4 Densition 6 Other (Specify)			cremetory och	alley	y Me	m. Grdns	•	1993 _T	ion — chy ei imoni	um, MD 21093	
Martin D. Lawson					Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD 21093						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							munte			
PART II. Other aignificant conditi	d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b								24b. WERE AUTOPSY FINDING		
And Consider the One of the St							PERFORME		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF DEATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	FR/Outpetien	8 3 🗆 DOA	OTHE		e 5 Residence	6 [] Other (6)	naciful.			
27. MANNER OF DEATN 1 W Natural 5 Pending 2 Accident Investigation	26a, DATE Of (Month, L	INJURY	28b. Til		28c, IN.			IBE NOW INJU	RY OCCURED		
a 🗆 autota	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)								ral Route Number,		
anni anni	SICIAN: To the best of NER: On the beals of a									se(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	Col	MP	m			29c. LICENSE NUI	937		d. DATE SIGN	NED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON V					rive	, Towson	1, MD	21204	/		
DEC 221993		UP'S SIGNATUR	re-								

37134.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

9	3	3	7	1	3	5

					DEATH	REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)	4.50	HAFA	R	Liewij	2. DATE OF DEATH	9 190	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1 1	BIRTHPLACE (State or Fore Country)						
	9a. FACILITY NAME (If not institution, give	street and number	YRS.		OR LOCATION OF O	MON 18.1	896	MALYLAT OF DEATH						
OR	PIKESVILLE	NURSING	HOME	PI	KESVIC	LE	Br	470.CO						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?													
AL DI	100. STREET AND NUMBER			10	of, ZIP CODE		10g. CITIZE	1 YES 2 1						
FUNER/							4	1.5.A.						
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	If yes, sp	CENDENT OF HISPA pocity Cubar, Maxic S 2 12 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	14 or No —	I. RACE — American motion Block, White, atcr-						
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	fe completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during me		16b, KIND OF BU	ISINESS/INDUS	TRY						
COMPLET	UNKNOWN	College (1-4 or 5+)	BALTIM	PORE	GAS	, + EL	ECTR	2/C						
BE CO	17. FATHER'S NAME (First, Middle, Last)	SCHAEF	ER		ELLE	AME (First, Middle, Maide	B- Tr	HUMLIN						
TO B	19a. INFORMANT'S NAME (Type/Print)	FCARDS	19b. MAILINO AD	DORESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)						
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re	200	. PLACE AND DATE OF C	DISPOSITION	lame of	OATE 20c. L	OCATION — CH	y or Town, Stata						
	4 Donation 5 Other (Specify)		notery crematory errober	Las NAME A	MO ADDRESS OF F	12-21 B	470.0	CITY, MD						
	· Jether	f. Gavi	210, FF	EVE	INS G	CORD P	D. F	MEMORIE						
Z	disease or condition resulting in death)	a. FOUND of pue to (or AS	lastin last consequence of:	od s F.S	+ Nur	sing ho	me	Interval Be Onset and						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
	PART II. Other significant condition	one contributing to death i	out not resulting in	the underlyin	ng ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FI						
: MEDICAL CE						1 Tes		COMPLETION OF COOP DEATH?						
PHYSICIAN: M	25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSPITAL:		26: P	LACE OF DEATH (C	heck only one)								
S	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Hursing Hor F 28c, IN	me 5 Residence JURY AT ORK?	6 ☐ Other (Specify) 28d. OE\$CRIBE HOW	INJURY OCCU	RED						
H			d. OEŞCRIBE HOW INJURY OCCURED											
ву РНҮ	1 Return 5 Pending Proceeding Investigation			M 1 🗆		3 Sulcide 6 Could not be detarmined detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	f — At home, farm, stre		co	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,						
MPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYINO PHY	28e. PLACE OF INJURN building, etc. (Spe	city) rledge, death occurred a	et, factory, office	a and place, and du	City or Town, State	nner as stated.							
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ED BY	2 Accident 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJURN building, stc. (Spe SICIAN: To the best of my knowner: On the best of examinetic	city) rledge, death occurred a	et, factory, office	a and place, and du	City or Town, State to the cause(a) and me time, data and placa, a	enner as stated							



(Month, Day, Year) 11-18-1909 213-09-1140 1/1 /M 2 | F 84 YRS. should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 Key Medical Center Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Dundalk permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7607 Maple Road use as the burial-transit 21222 lage 6 may be retained by the hospital or attending physician, director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2X 1 Never Merried 2 Married 1 TES 2) NO Specify: BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Lieutenant 12th Grade <u>Firekiahter</u> 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnen 70 John Edward Stockum Katie Shank notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7607 Maple Road Dundalk. Miriam E. 2 Page 6 may b 20e, METHOD OF DISPOSITION
1 ½ Burlal 2 ☐ Cremetton 3 ☐ Rer
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must emetery crematory protectorace Holly Hill Mem. Gdns12/21/93 hours after death. Payed in by the funeral disor removal. 21. SIGNATURE OF FURNISH BEFORCE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk Inc. 7922 Wise Ave. Dundalk. MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by i ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** and completely filled to burial, cremation, (the diseese or condition My ocardre Infarther Ucile resulting in death) event. executed within WISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 2 signed by the attending physician Health and Mental Hygiene prior to If any, leading to immediata cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST 6 PART il. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 NO Shows t. of H ICIAN: has be Dept. ALTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER: 1 YES 2 NO PHYSI Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, offica building, etc. (Specify) 3 Sulcide 69 COMPLETED 8 Could not be 100 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHY (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

Stockum

IF UNDER 1 YEAR IF UNDER 24 HRS.

John

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTH

Dec.

1 - FOR STATE REGISTRAR

-4

2

31. DATE FILED (Month, Day, Year)
DEC 22 1993

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Edward

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. DAY YEAR 1993 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Baltimore County Fire Dept Maryland 21222 20c. LOCATION — City or Town, State Middle River, MD 21222 Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-18 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)

and the second second

	GEORGE F		SCHEN	IK		2. DATE OF DEATH December	16	3. TIME OF DEATH 1993 12:34 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6	3. AGE (In yrs. last birthde	ly) IF UNDER 1 YE		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	215-03-5527 9a. FACILITY NAME (If not institution, give	1 M 2 F	82 YRS		WN OR LOCATION OF	Month, Day, Year)		Maryland
СТОВ	THE JOHNS HOPKI		L	BAL		ΪΤΥ	9c. COUN	TY OF DEATN
DIRE	100. STATE 10b. COUN	тү		caty, Town on L Baltimo			10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗌 N	
ERAL	100. STREET AND NUMBER 3722 Foster	Ave.			101. ZIP CODE 21224			S.A.
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES \$\times\text{NO} R OR DATES	If ye	DECENDENT OF NISP	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
LETED	15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace (D-12) 8 V C 3 T S		(Give kind Ille, Do NO	T'S USUAL OCCU of work done durin T use retired.)	g most of working	166. KIND OF BU		JSTRY
COMPI	17. FATHER'S NAME (First, Middle, Last)		1116	Marsh		AME (First, Middle, Maide	Surname)	ICCCa
BE	Martin 19a. INFORMANT'S NAME (Type/Print)	Schenk	405 84811	NO ADDRESS (C)	Mar	y Seibe		
TO BI	Evelyn Schenk					Baltimore		1.4.4
	20a, METHOD OF DISPOSITION 1 Mariel 2 Cremation 3 Rec 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DA	TE OF DISPOSITIO	of Jesu	20 /69/5 20c. U		Ore Co.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Joacred	22. NAN	E AND ADDRESS OF F	ACILITY		
	Catherine	- 7h 2	0. 8020					neral Home
			2-1-1-1	701	1 S. Con	klina St.	Balt	0.MD_21224
	23. PART I. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ceuse	e on eech line.	o not enter the	mode of dying, au	kling St.	Balt.	Interval Betw Onset and D
	shock, or heart failure IMMEDIATE CAUSE (Fine)	MASSINE	Runcopine	Enbalus	mode of dying, au	ch as cardiac or reap	Ralt.	Approximate Interval Betwoen Onset and D
IFICATION	shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. MASSINE OUE TO (O B. Status of DUE TO (O	Paragram	Embolus Embolu	mode of dying, au	ch as cardiac or reap	Balt.	Approximata Interval Betw Onset and D
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32. REGISTRAR'S SQUATURE CONTRACTOR

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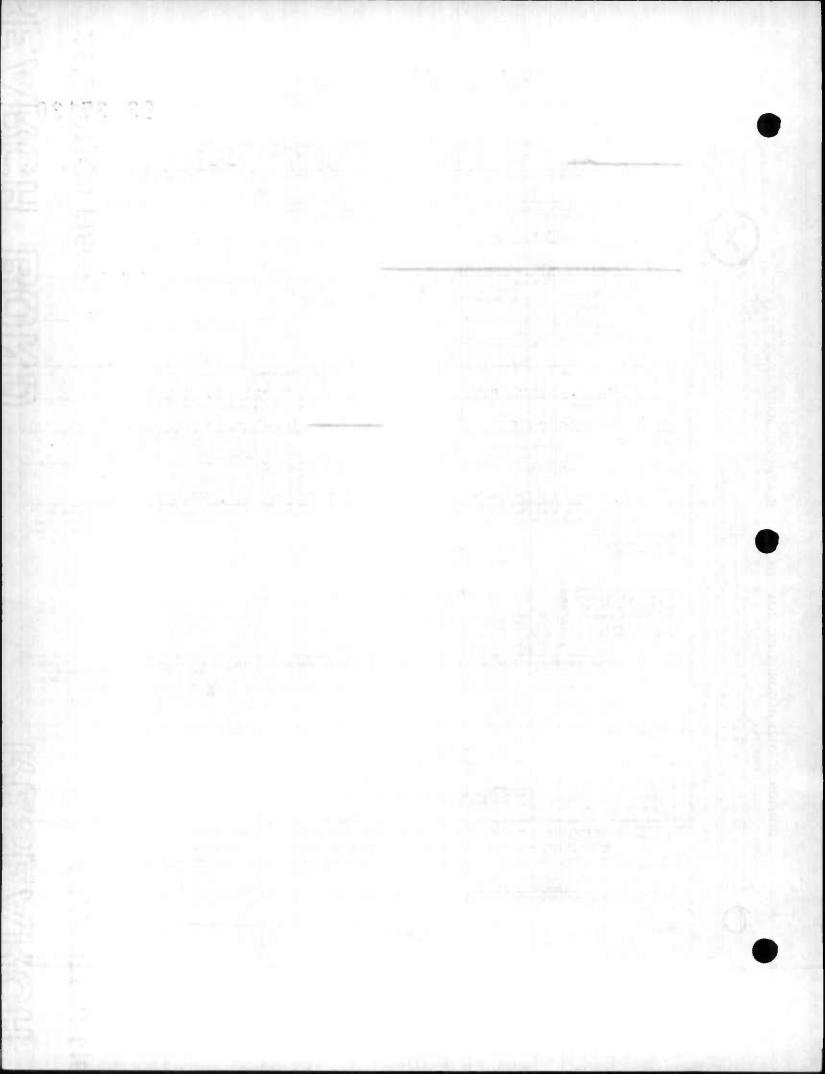
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31. DATE FILED (Month, Day, Year) 1993

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Maryland



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Residence Security Number	_	REGISTRAR		CER								
214-05-5446		1. DECEDENT'S NAME (First, Middle, Last)	en Mari	e Tu	urner		2. DATE MONTH DEC	• 19°	% 1993	YEAR 3.	TIME OF OEATH	
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Sea PLACE TO MAKE (for or instance, per where and number) Francis Scott Key Medical Ctr. Baltimore Baltimore Burnary Sea CHY, 1998 OR LOCATION Mes NUMBER Sea CHY (1998 OR LOCATION Mes NUMBER Sea CHY	214-05-5446	1 M 2 M F 8	1 Y	res. Mon	THE DAYS	HOURS MIN.			2 1		Virgi	
Francis Scott Key Medical Ctr. Baltimore West Virginia **TRANSPICTOR OF DESCRETARY** **TRANSPICTOR OF TRANSPICTOR OF		Se. FACILITY NAME (If not institution, give a	street end number)		9b.	CITY, TOWN	OR LOCATION OF					
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John Turner The Modelands Name (Procedure) John W. Heier, Sr. 3510 Logan View Dr., Baltimore, Md. 212: 20s. METHOD OF DEPOSITION 1 Objected 1 29 Cranation 3 Removal from State 4 Constition of 10 that (Procedure) 21 Standard Standar				Fac	tory	Wor					У	
198. INFORMANT'S NAME (PipurPrint) John W. Heier, Sr. 3510 Logan View Dr., Baltimore, Md. 212: 206. MENTION O PORPORTION: 108. MALLINO ADDRESS (Street and Number or Pural Route Number City or Tourn, Steels, 2p Code) 3510. Logan View Dr., Baltimore, Md. 212: 206. MENTION O PORPORTION: 206. MENTION O PORPORTION: 207. MENTION OF PURPORTION OF DEPORTION (Proportion) 218. BIGNATURE OF DIMENAL BERNICE LICENSEE Phillip Stack Spradley-Ashton Function of Committee of Mount of Person Mount of Purportion of Committee of Diver (PopurPrint) 212. The standard of Diver (PopurPrint) 2134 William Spring Rd, Balto. Md. 2134 William Spring Rd, Balto. Md. 2142: 215. MARE AND ADDRESS (Street and Number or Rural Route Numbe										Sumame)		
John W. Heier, Sr. 3510 Logan View Dr., Baltimore, Md. 212. 20. METHOD OF DISPOSITION 1 DATE 200. LOCATION — City or Town, State 1 Description of Control of Date 2 Date							Grace	Gof	Í			
20s. METHOD OF DISPOSITION 1												
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and occ, or heart reliure. List only one cause on asch line. MODE TO (OR AS A CONSEQUENCE OF):	STATE OF THE STATE OF		novat from State									
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22. PART I. Entair the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate above, or heart felture, List only one cause on asch lins. IMMEDIATE CAUSE (Final disease or condition) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS		W PHILLS	Y//al MOG	1550		prad	rey-ASI	LOU	rune	тат н	ome,	Tuc.
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BALTIMORE, MARYLAND 21215-0020	bours after death. Page 6 may be retained by the hospital or attending physician.	use as the
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TAE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	MITT	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			HYGIENE 9	3 37140			
	1. DECEDENT'S NAME (First, Middle, Last) Oliveth Lacev T		OLKIII	ICATE OF	DEATH	2. DATE OF MONTH	DEATH	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220-32-1517 9e. FACILITY NAME (If not institution, give str	1 - M 2XXF 9	yrs. last birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF (Month, D. Mar.)	BIRTH as. Year) 25,1902 N				
DIRECTOR	701 Tyler Ave.			Anna	oolis	EATH		Arundel			
	MD Anne A	Arundel		napol:	is			10d, INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	701 Tyler Ave.				21403	EG.	USA				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 1 NO Speci	an, Puerto Rica	Specify Yes or No.— 14. in, atc.)	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us House	work done during n se retired.)	ION lost of working	16b. KII	House				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Oliver Snowden	League			18. MOTHER'S N.		fle, Meiden Surname)				
TO B	190. INFORMANT'S NAME (Type/Print) David Colburn	Sr.			end Number or Rural Ave. An:		City or Town, State, Zip Co IS, MD 2	21403			
	20e. METHOD OF DISPOSITION 157 Burlel 2 Cremation 3 Remot 4 Donation 5 Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE UCI	val from State Earne H;	PLACE AND DATE (tens, cremetory or o	ther place) St Ceme	etery	DATE	20c. LOCATION — City Annapol				
	Datack b	F arnoll.	4	Hard		neral	Home, P				
	23. PART I. Enter the diseases, or or ahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on ea	tricul	m o	ode of dying, such			Approximate interval Between Onset and Death			
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (
MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. YES 2 - NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN:		HOSPITAL:		26.	PLACE OF DEATH (C	hack only one)					
BY PHYSICI	27. MANNED OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Yeer)	tlent 3 DOA	pecify) IBE HOW INJURY OCCUR	ED						
	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	one)	IAN: To the best of my knowle On the basis of examination						ause(e) end menner es stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12 12 12 12 12 12 12 12 12 12 12 12 12 1										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, o	ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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the Funera be filed within 7 IMPORTANT: I

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(Check only one)

11110

296. SIGNATURE AND TITLE OF CERTIFIER

DEC 22 1993

30. NAME AND ADDRESS OF PERSON

31, DATE FILED (Month, Day, Year)

eron

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pages 1, 2, 3 should permit. burial-transit use as the Por detached 2 10 page 5 should notified e must funeral director. deal y filled in by the fi after medical completely filler the event, and com o burial, traumatic 2 physician prior other the attending p 0 Injury. signed by t amy Shows t, of has be 23 certificate to the State I, or Item this with marked. After DIRECTOR: hours after

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BESSE ANN VAN OOSTING 3. TIME OF OFATH YEAR E55 20. XXXIII 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign DAYS 483-12-8833 HOURS 99 1 M 2 XXF YRS. 05-01-1894 LOWA Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE LAUREL 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7545 WOODBINE DRIVE 20707 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done du life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN KOUBA UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Godel 2 CATHY GROSSO DESMOND 7545 WOODBINE DRIVE, LAUREL, MARYLAND 20707 20a. METHOD OF DISPOSITION
1XXBurial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ARLINGTON NATIONAL CEMETERY 4 Donation 5 Other (Specify) 12/28 ARLINGTON, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MARYLAND 20707 23. PART 1. Enter the diseases, or caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart fallure. Light Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition enal resulting in death) OUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUÊNCE DF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inputient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER Chack only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

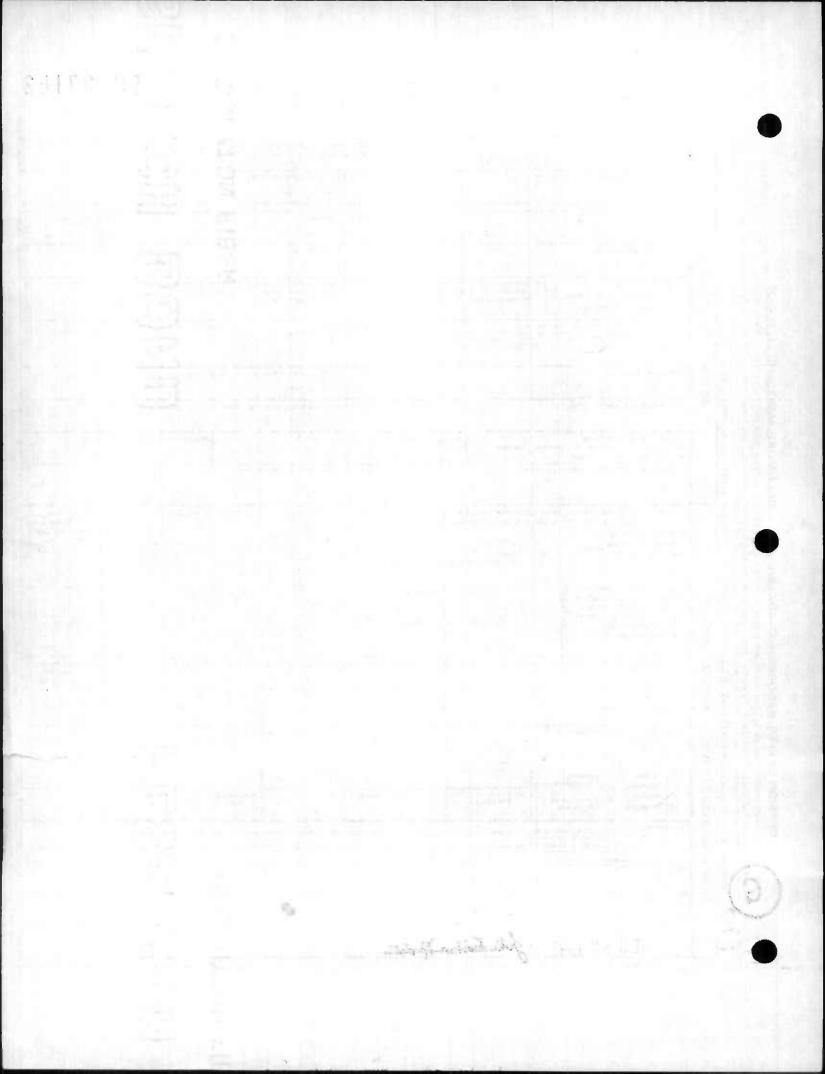
OHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

and sold Clarks A.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. Decedent's Name (First, Middle, Last) Jerome Curtis Willingham, Jr. 2. Date of Death Month DAY YEAR 12 17 1993								
	4. SOCIAL SECURITY NUMBER 212-86-8765	5. SEX 6.	6. AGE (In yrs. last birthday) M 2 G F 2 3 YRS.			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-21-7	8. BIRTHPLACE (State or Foreign Country)	
TOR	96. FACILITY NAME (If not institution, give street and number) 1311 E. Belvedere Ave. Apartment C Baltimore RESIDENCE OF DECEMENT 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								OF DEATH
DIRECTOR	MD	10e. STATE 10b. COUNTY 10c. CIT			TY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? YES 2 N
FUNERAL	2021 NORTHBOURNE RD.				10f. ZIP CODE 21239			U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGI If yes, specify Cuben, Maxican, Puerto 1 YES 2 NO Specify:			RIGIN? (Specify Yes or No—Black, White, etc.) 14. RACE — American Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondar (0-12)		(Give kind	NT'S USUAL Of d of work done OT use retired.)	during mo	ON sat of working	16b. KIND OF BU	USINESS/INDUS	TRY
ON	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle, Maide	n Surname)	
BE C		INGHAN, S				UGENIA			MSLEY
0	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or To		
	UGENIA HAWKINS						R. BALTI		
	20e. METHOD OF DISPOSITION 1 St Burlet 2 □ Cremation 3 □ Re	emoval from State	20b. PLACE AND Di cemetery, crematory	or other place					y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	LARBUTU			AL PK		ARBUTU	JS, MD.
	BETTS E	FUNERAL HO							го, MD 212
ry, or other traumatic event, the medical CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	G	R AS A CONSEQUENCE	CE OF):	NP -	of No	ck, cf	nTACT	Onset and
	PART II. Other significent condit	lons contributing to de	eeth but not result	ing in the u	nderlyin	g cause given in	Part I. 24e. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FI AVAILABLE PRIOR
AN: MEDICAL							- 1 VES 2 NO OF DEATH		COMPLETION OF COOP DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DC	OTHE	R:	LACE OF DEATH (C	6 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF IN (Month, Day,	Year)	TIME OF	WC	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ	2 Accident Investigation		.993 22 NJURY — Al home, fa	200 M		YES 2 X NO	Self inf		
ED	3 Suicide 8 Could not I	building, etc	. (Specify)	rm, street, lac	nory, orne		281. LOCATION (Street and Number or Rural Route Nu City or Town, Stete)		
OMPLET	at home 1311 E. Belvedere Ave. Apt 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner se stated.								
BE CON	2 MEDICAL EXAM 296 SIGNATURE AND TITLE OF CERTIF	INER: On the basis of skan	ninetion and/or investi	gation, in my	opinion, c	leath occured at the		_	HGNED (Month, Day, Year)
2	Contract &	THU A	141			L a.c.	T. F.		2 18 1993
	MAKID + GOU	EJKM	111		Stre	et, Balt	imore, Mar	ryland	21201
	31. DATE FILED (Morfith, Day, Year) DF C. 9 2. 100	Sulia Au	S SIGNATURE	40					



3. TIME OF DEATH

2. DATE OF DEATH

12 33 Bertha 20 Wuche Bertha Wyche 10:19 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 3 M 2 ₹ F 09-06-29 York Co., Va 64 231-28-2115 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Sinai Hospital 1, 2, 3 DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 XYES 2 NO BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2802 Woodland Ave 21215 burial-transit USA hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced use as the BLACK ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY П Por Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) be retained by the Ti Rosten Dennis Laura Brown notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2802 Woodland Ave. Balto. Md James Wyche 21215 be 20a METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION — City or Town, State must Woodlawn Cemetery 12/23/93 Woodlawn, Md. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME, INC ours after death. 4600 Liberty Hghts Ave. Balto. Md. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, of heart feliure. List only one cause on each line. Approximate 7n **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition resulting in death) Jehovah's Witness Severe anemia day event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic Gastro- intestina bleed days CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any Atrial fibrillation 1 TYES 2 DATO DF DEATH? Pulmonary insufficiency 1 | YES 2 | NO 6 chronic renal failure PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item certificate I EXAMINER?

1 YES 2 Y NO (ME declined) HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) of the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 29c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Netural 6 Pending M 1 YES 2 NO BY death Investigation After 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED DIRECTOR: 4 Homicide tem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL | = HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Resident Surgeon My mid D41129 12.20.93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 N. Wolfe St. Baltimure Peter W. Cho, M.D. Johns Hoplane Hospital 32. REGISTANT'S SIGNATU 31. DATE FILED (Month, Day, Year) DEC 221993

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Tartin Wyche

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BALTIMORE

2802 Roodland Ave

21215

HLKCK

Fosten Dennis

James Myche

Laure Brown

2802 Woodland Ave. Beltio. Md 21215

handlava Cemetery 12/23/93 Wootlawn, M.

LERKOT O. DERTY S SOR FORESAL HOME, Th

John Liberty Hobts Ave. Balto, 100.

OF VITAL RECORDS, P.O. BOX 68760
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 2 1 9 9 3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

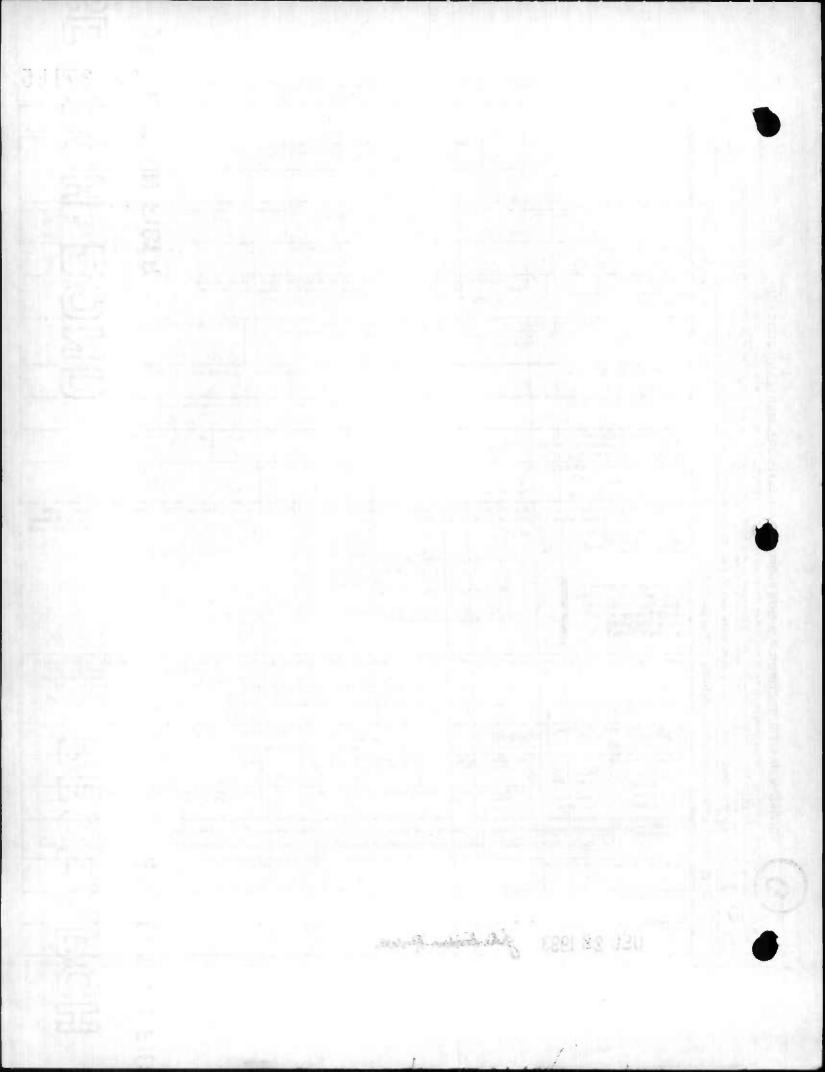
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPARTM CERTIFIC				YGIENE 9	3 37144
1. DECEDENT'S NAME (First, Middle, Last)	11				2. DATE OF D		3. TIME OF DEATH
Woodley		24		100	13	01 9	5 /5/0 M
4. SOCIAL SECURITY NUMBER		MC	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Dep	IRTH 8.	BIRTHPLACE (State or Foreign Country)
129-16-5772A	12M2 0 F 72	YRS.		noons ann.	1-29	-1921 1	lirginia
Se. FACILITY NAME (If not institution, give at	reet and number)	91	b. CITY, TOWN C	R LOCATION OF D	DEATH	Bc. COUNTY	OF DEATH
Murch Ho	ne HOSP		1311	imore	City		
PRESIDENCE OF DECEDENT 10g. STATE 10b. COUNTY		10c. CITY. T	OWN OR LOCAT	ION	- ()		10d. INSIDE CITY
maryland		BI	Min	nove			LIMITS?
100. STREET AND NUMBER	10 No 4	st 2	101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC OBIGINS (S	pecify Yes or No — 14.	RACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 YES 2		If yes, sp	ecify Cuben, Mexic 2 10 Spec	an, Puerto Rican		Black, White, etc.
3 Widowed 4 Divorced	I TES, GIVE WAN ON DAILES		1 1 163	2 ET NU Speci	ny:		Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 15a completed) 1-4 or 5 +)	Give kind of work	done during ma		16b. KIN	D OF BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)	, 1/			15. MOTHER'S N	AME (First, Middle	, Maiden Sumame)	11
JAmes U	10001ly			4R	ene	Nich	10/50n
190. INFORMANT'S HAME (Type/Print)	1 (snnm	196. MAILING AD	ODRESS (Street	and Number or Rural	Route Number, C	BOY BATA	" Ind 21215
20s. METHOD OF DISPOSITION 1 @ Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State 20b. PLA	CE AND DATE OF C	place /	me of least	135	20c. LOCATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	L. Pun			D ADDRESS OF F	marker 5	SFUNER Que Bo	Al Home
23. PART I. Enter the diseases, or can shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute	evA	entar tha mo	de of dying, au	ch aa cardlac	or reapiratory arrest	Approximate Interval Between Onset and Death
	DUE TO (OR AS A CO	SEQUENCE OF):					man
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COM	SEQUENCE OF):					17
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ISEQUENCE OF):					
			J				
PART II. Other algoriticant condition	e contributing to death but n	ot resulting in t	tha underlyin	g cause given in	300	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PI	ACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 Inpetient 2 ER/Outpetier	t 3 DOA 4	☐ Nursing Hon	e 5 🗆 Residence			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	25e. DATE OF INJURY (Month, Day, Year)	25b. TIME O	Y WC	URY AT PRK? YES 2 NO	28d. DESCRIE	BE HOW INJURY OCCUR	ED
3 Suicide 6 Could not be datermined	26s. PLACE OF INJURY — A building, stc. (Specify)	it home, farm, stre	et, tectory, offic		281. LOCATION	N (Street and Number or i wn, State)	Rural Route Number,
29e. CERTIFIER Check only	CIAN: To the best of my knowledge	, death occurred a	nt lihe time, date	end plece, end du	e to the cause(e)	end menner ee stated.	
one) 2 MEDICAL EXAMINE	R: On the beele of examination end						euse(e) end menner ee stated.
296 SIGNATURE AND TITLE OF CERTIFIER ACCORDED TO CONTROL OF CERTIFIER AC	w and,	Jecio	litt	290 LICENSE NU	356	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	UTEM 27) (Type, Pr	evay	Bac	B. KI	0.212	31

mit. Pages 1, 2, 3 should

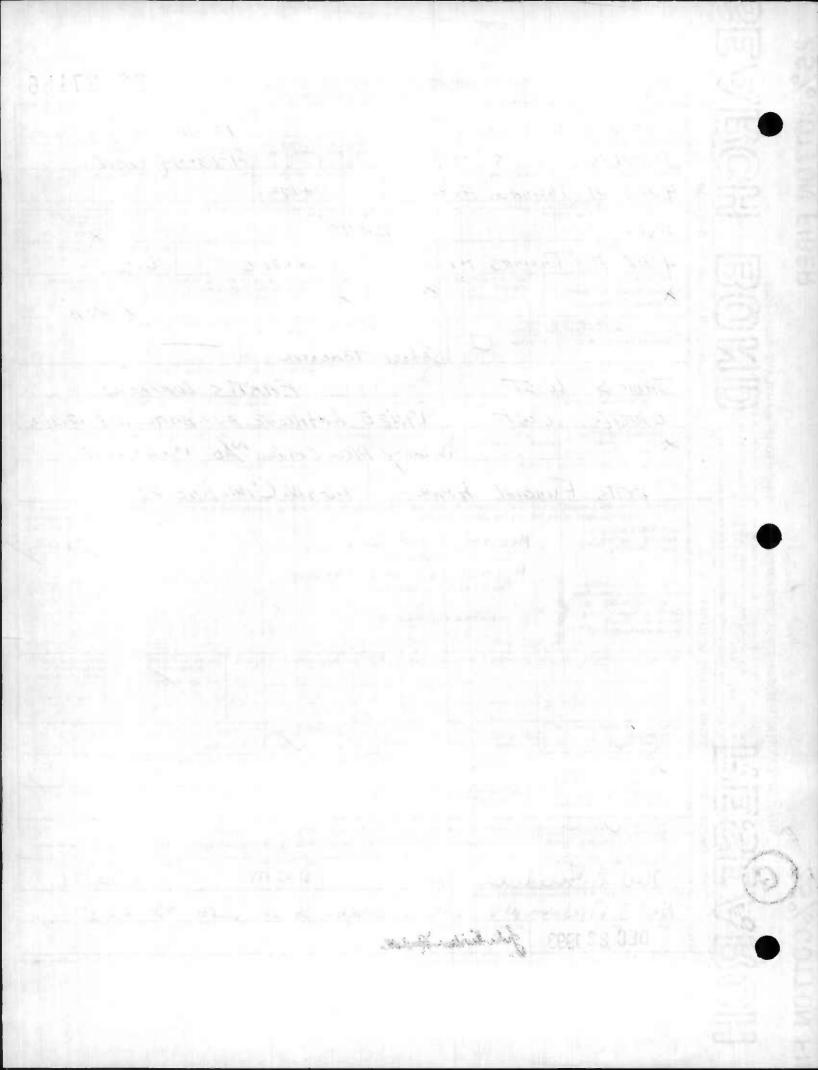
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First				CITTIII IC	ATE OF	DEATH		REG. NO	•		
FLEANOR	st, Middle, Last)						2. DATE	OF DEATH	AY 1	rear .	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	Ness I	5. SEX	4 405 %		RTZ		12		1	93	08:35 AM
216-12-827	10.54	5. SEX 1 ☐ M 2 ☐ F	6. AGE (In yrs		UNDER 1 YEAR		(Mont	of BIRTH h, Day, Year)	1923	Country	yland
9a. FACILITY NAME (If not	. FACILITY NAME (If not institution, give street and number)			91	L CITY, TOWN	OR LOCATION OF D			9c. COUNT	_	<u> </u>
	NORTH ARUNDEL HOSPITAL ASSOCIATIO										COUNTY
Maryland	Maryland Anne Arundel S				erna P				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
20 Chestnut		1 Ave.			1	101. ZIP CODE 21146			10g. CITIZEN OF WHAT COUNTRY? United States		
	ARITAL STATUS Never Married 2 Married Widowed 4 Divorced 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D			2 NO If yes, specify Cuben, Maxican, Puer					s or No — 14	8. RACE Black, Specify	American Indian, White, atc.
	CEDENT'S EDUC		16a. I	DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPAT	TION nost of working	168	. KIND OF SU	SINESS/INDUS	STRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 -)	omemake:				own Hor	me		
17. FATNER'S NAME (First, II) George Gree				18. MOTHER'S NAME (First, Middle, Melden Sumame) Margaret Doerfler							
William Fra		tz				and Number or Rural Hill Ave					21146
20a, METHOD OF DISPOSI 1 ☆ Burlal 2 ☐ Cremet	ion 3 🗆 Remo	val from State	cemetery, o	E AND DATE OF I	place)		DAT		CATION — CI		
4 Donation 6 Other		ENSEE	Mead	owridge	Mem.	PIC. 12-2	23+93	Elk	ridge	, Ma	ryland
► D 5	Pall	Lui	l		Kirk:	ley-Ruddi	ick F			rnie	, MD 2106
resulting in death)		Pos	(OR AS A CONS	Sel	555		Vie	est			
Sequentially list cond if eny, leading to imm cause. Enter UNDERL' CAUSE (Disease or inj that initiated events resulting in death) LA:	edlete YING jury	Poss	OR AS A CONS	EVEOUENCE OF):	nbot	Q*					
If eny, leeding to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events	ediete YING Jury ST	DUE TO			the underlyl	ng cause given in	Part I.	24a. WAS AN PERFOR	RMED?	10	AVAILABLE PRIOR TO
If eny, leeding to immoceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA	ediete YING Jury ST	DUE TO			mbot	ng cause given in	Part I.	PERFOR	RMED?	M	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If erry, leading to immoceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other aignific	ediete YING Jury ST d	DUE TO				ng cause given in		PERFOR	RMED?	M	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
If eny, leading to immoceuse. Enter UNDERLY CAUSE (Disease or In) that initiated events resulting in death) LA: PART II. Other signific	ediete YING Jury ST d	DUE TO	deeth but no	t reaulting in t	26. THER:		heck only o	PERFOR	RMED?	M	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
If erry, leeding to immoceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ediete YING Jury ST cant conditions TO MEDICAL	DUE TO	deeth but no	t reaulting in t	Z6. ITHER: Nursing Ho F 28c. If	PLACE OF DEATN (C	heck only o	PERFOR	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If erry, leeding to immocesse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	ediete ving conditions of the	DUE TO ER/Outpatient INJURY	t resulting in to	26. ITHER: Nursing Ho F Y M 1	PLACE OF DEATN (C) ome 5 Residence NJURY AT VORKY 1 YES 2 NO	heck only of	PERFOR	NJURY OCCU	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
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If erry, leeding to immoceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	Pending Investigation Could not be detarmined RTIFFYING PHYSIC DICAL EXAMINER E OF PERSON WHO	DUE TO DU	ER/Outpatient INJURY ey, 'ber') IF INJURY — At etc. (Specify) my knowledge, xamination and/o	3 DOA 4 28b. TIME C INJUR Aborn, street	26. THER: Nursing Ho Nursing Ho Y M 1 et, factory, off at the time, da in my opinion,	PLACE OF DEATN (Come 5 Residence NJURY AT VES 2 NO lice Ite and place, and du death occured at the	a to the case time, distance of the case o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW in CATION (Street or Town, State) use(a) and main and place, and	NJURY OCCU and Number or more as stated did due to the 29d, DATE 5 Dec	RED Rural R. cause(a) Course(a)	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO pute Number, end manner as stated (Month, Day, Year)
If erry, leeding to immoceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 29b. SIGNATURE AND TITL 30. NAME AND ADDRESS (CRISHAN S) 31. DATE FILED (Month, Day 31. DATE FILED (Month, Day 31. DATE FILED (Month, Day 33. DATE FILED (Month, Day 34. CASE REFERRED EXAMINER? 1 YES 2 NO 2 NO 2 NO 2 NO 3 NO 4 NO 4 NO 4 NO 5	ediete FING C cant conditions To MEDICAL Pending Investigation Could not be detarmined E OF PERSON WHO TNGAL	DUE TO ER/Outpatient INJURY ey, 'ber') IF INJURY — At etc. (Specify) my knowledge, xamination and/o	3 DOA 4 28b. TIME C INJUR Above the course of the course o	26. THER: Nursing Ho Nursing Ho Y M 1 et, factory, off at the time, da in my opinion,	PLACE OF DEATN (Come 5 Residence NJURY AT VORK? VES 2 NO lice the and place, and du death occured at the	a to the case time, distance of the case o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW in CATION (Street or Town, State) use(a) and main and place, and	NJURY OCCU and Number or more as stated did due to the 29d, DATE 5 Dec	RED Rural R. cause(a) Course(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pute Number, end manner as stated (Month, Day, Year)	



93

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND TE OF DEATH		IYGIENE 9 REG. NO.	3 371
3	1. DECEDENT'S NAME (First, Middle, Last)	1			2. DATE OF MONTH		3. TIME OF DEA
	Geraldine	West			12	-16-93	5:45
	218-54-0618	10 M 20 F 44	YRS. MONT		7. DATE OF (Marith, De	3-49	BIRTHPLACE (State or F Country) MCL 3
ECTOR	4 508 St. The RESIDENCE OF DECEDENT	MAS AVE		BA-1 TO		9c. COUNTY	OF DEATH
BI	10e. STATE 10b. COUNTY Md. 10e. STREET AND NUMBER			VN OR LOCATION			10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL		omas Ave		2 12C	Par.	U.	S 4
B⊀	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISP II yes, specify Cuban, Maxi- YES 2 NO Specific NO Specific No.	can, Puarto Rica		Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use retin	one during most of working	16b. KIP	O OF BUSINESS/INDUS	ТЯУ
COMPL	17. FATHER'S NAME (First, Middle, Last)		SCHOOL		AME (First, Midd	le, Maiden Surname)	
EC	JAMES W.	c5T		FA	POT:	WALKE	-41
0	19a. INFORMANT'S NAME (Type/Print)	,	19b. MAILING ADDI	RESS (Street and Number or Rura	Il Route Number,	City or Town, State, Zip Co	
9	EARTIC W	lest	1928t	F. LAFAYETI	EAV	e BATTE.	md. 20
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo		ACE AND DATE OF DIS		DATE	20c. LOCATION — Cit	y or Town, State
	4 Donation 5 Other (Specify)	Consta	Anc.	nem. Garden	5 20	13 A HO	mel.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF I	FACILITY		
	Botte Fu	nenal He	nes.	112911.	Ann	1:0- 54	
	IMMEDIATE CAUSE (Final	list only one cause on each	h line.		ich an cardiac	or reapiratory arres	t, Approxim Interval E Onset an
	disease or condition resulting in death)	Metastatic &		cer			5 me
		DUE TO (OR AS A CO	ONSEQUENCE OF):	Aliena			
ON	Sequentially list conditions,	DUE TO (OR AS A CO	ONSFOUENCE OF:	alignancy			
AT	If any, leading to immediate cause. Enter UNDERLYING		,				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
AL C	PART II. Other aignificant conditions	contributing to death but	not reaulting in the	underlying cause given i	n Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY I
MEDIC					1	YES 2 NO	COMPLETION OF OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Check only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetie		HER: Nursing Home 5 Masidence		nac/h/l	
¥	27. MANYER OF DEATH	28a, DATE OF INJURY	28b. TIME OF	28c. INJURY AT	_	BE HOW INJURY OCCUP	RED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street,	factory, office	281. LOCATIO City or To	ON (Street and Number or own, State)	Rural Route Number,
COMPLETED	onel	CIAN: To the best of my knowleds: 3: On the basis of examination as					
BE C	296. SIGNATURE AND THELE OF CONTIFIEN			29c. LICENSE N	UMBER	29d. DATE S	IGNED (Month, Day, Year,
TO B	new stu		0	0421	78	> (2/17/93
F	Neil S. Friedma	14 0 0 10	1	vedere Ste. 23	Bal	40. MD	2215
	DEC 22 1993	32. BEGISTRAR'S SIGNATU	JRE				
	4 - 1999		The same				



ENDING PHISICIAN: The law requires that the death certificate be executed within. Yours after death. Page 6 may be retained by the hospital or attending physician.

He after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should not easily the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

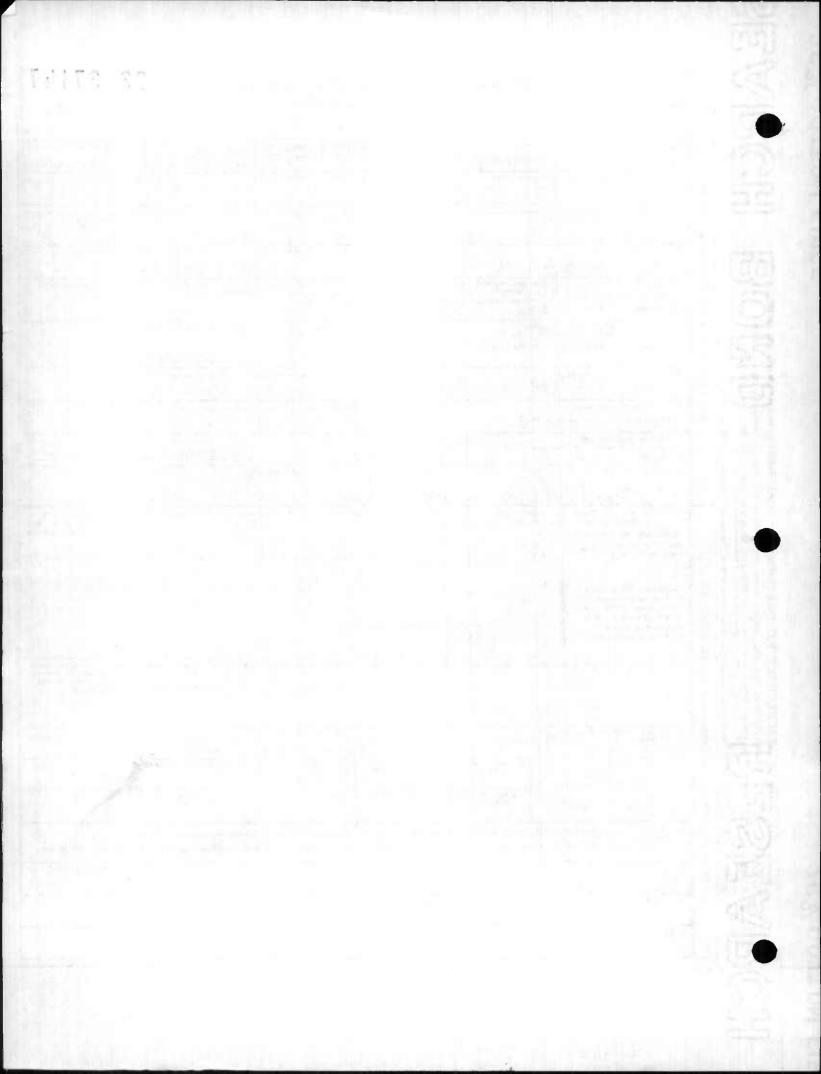
He marked, or Hem. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

21VISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN	CERTIF	TICALE U	T DEALH	REG. NO).		
1	1. DECEDENT'S NAME (First, Middle, Last) FRANK JOSEPH WIOSK(OWSKI SR.				MY YEA	3. TIME OF DEATN 5 • 45 A	
3)	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	a, Bi	IRTHPLACE (State or Foreign	
	213-07-2959 1X M 2 C	78 YRS.	MONTHS DAY		1 25 1	915	Maryland	
	9a. FACILITY NAME (If not institution, give street and number	7)		N OR LOCATION OF D	EATN	9c. COUNTY O	OF DEATN	
l a	FRANCIS SCOTT KEY E	.R.	BALTI	MORE CI	TY			
5	RESIDENCE OF DECEDENT							
DIRECTOR	Marvland Baltimore		ty, town on Lo undalk	LIMITS?				
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	Wilson Avenue 604		21224 United State					
5	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. ARMED			NIC ORIGIN? (Specify Ye		ACE - American Indian,	
BY F	3 Wildowed 4 Dhamed	1 X YES 2 □NO IVE WAR OR DATES .43-11Dec.4	1 🗆 1	specify Cuban, Maxico ES 2 NO Speci			Specify: White	
0	15. DECEDENT'S EDUCATION		S USUAL OCCUP	TION	165 KIND OF BI	SINESS/INDUSTR		
E	(Specify only highest grade completed)	(Give kind of	work done during	most of working	TOUR KIND OF BE	0011200111000111		
COMPLETED	Elementary/Secondary (0-12) College (1-4	Mech	anic		Truck	cing		
M	17. FATHER'S NAME (First, Middle, Last)			48 MOTHED'S NA	ME (First, Middle, Maide			
		skowski		Soph		Gornamey		
BE	19a. INFORMANT'S NAME (Type/Print)	Tan 19b. MAILIN	G ADDRESS (Stre	et and Number or Rural	Ploute Number, City or To	vn, State, Zip Code	21222	
2	Frank Joseph Wios	kowski Dun		Way 7105		k, Mar		
	20a. METNOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ramoval from Stat	20h DI ACE AND DATE	OF DISPOSITION	(Name of		CATION — City o	Maryland	
	4 Donation 6 Other (Specify)	IIOTÀ K		AND ADDRESS OF E				
	· Mark a Che	mache	W. 100	Dabrows 5 Dundal	Ci/Chojna Lk Ave. E	acki F. Balto.,	H. P.A. Md.21224	
	22. PART I. Enter the diseases, or complication shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arteriosclero	tic Car				Approximate Interval Between Onset and Death	
NOIL	Sequentially list conditions, if any, leading to immediate	E TO (OR AS A CONSEQUENCE (OF):					
CERTIFICATION	CAUSE (Disease Or Injury	E TO (OR AS A CONSEQUENCE O	OF):					
ERTI	resulting in death) LAST							
	PART II. Other algnificant conditions contributing	or to death but not moulting	In the underly	des cours alves to	Book I Jan ung u			
EDICAL	TART II. Other agrinicant conditions contributin	g to death but not resulting	in the underly	ring cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							OF DEATH?	
Σ.					— INQUI	LRY		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (C)	heck Only one)			
잃	EXAMINER? HOSPITAL 1 Inpatient	2 X ER/Outpetient 3 DOA	OTHER:					
¥		E OF INJURY 28b. TI		INJURY AT	28d. DESCRIBE NOW	IN HIM COCHE		
BY PI		nth, Day, Year)	JURY	WORK?	260. DESCRIBE NOW	INJURY OCCURE		
COMPLETED B	3 Suicide 200 1	ICE OF INJURY — At home, ferm, ding, etc. (Specify)	, street, factory, o	ffica	28f. LOCATION (Street City or Town, State		iral Route Number,	
PLE	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the be	ist of my knowledge, death occur	rred at the time, o	leta and place, and du	to the cause(s) and ma	nner as ataled,		
NO.	one) 2 X MEDICAL EXAMINER: On the basis	of examination and/or investigat	lon, in my opinio	n, death occured at the	time, data and place, s	nd due to the cau	se(s) and manner as stated.	
ш	290. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
.BO	Mayne the grell	for/		O.C.M.	E.	12/	19/93	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	.8						
	J. Laron Locke M.D.	111 Pen	n Stree	t, Baltim	ore, Mary	land 21	.201	
	31 DEC 221993"	STRAR'S SIGNATURE						



)	after
	DOUTS
	57
5	within
	executed
1	2
	law requires that the death certificate be executed within 24 hours a
-	death
	the
	that
	requires
	No.
	The 1
	HYSICIAN:
	ITENDING PHYSICIAN:

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Certificate has been signed by the attending physical and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should The following the state of the stat	va. I examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FURAL DIRECTOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FURAL DIRECTOR, the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train of the funeral director, page 5 should be detached for use as the burial-train.	De lied within 72 hours also dealt with the State Dept. On result and wellian pyters provide unanced, or retroyal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)	GELD		WOL	.F JR.		2. DATE OF DEATH	9 1993 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-07-2530	5. 9EX 1 M 2 F	6. AGE (In yrs. lest	YRS,	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1920 1	BALTO, MD
sa. FACILITY NAME (If not institution, give a Saint Joseph Hosp	ntreet and number)		1		VBOTI, MAR		Be. COUNTY	of DEATH altimore CO
MARYLAND BAL	To, co.			RKVIU	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
8006 RIDGE	LY OA	K RD	,	101	2123	4	10g. CITIZEN	S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	NT EYER IN U.S. ARM I YES 2 NO MAB OR DATES	AED 0	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify to the specify Cuban Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				RACE — AMPRICENT INGIEN, Brack, White, atc. Specify:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	EEDENT'S US no kind of wor Do NOT use		SCHOO		DRI VE	RY SK
17. FATHER'S NAME (First, Middle, Last) 40U(S GARF)	IELD L	VOLF,	SR.	-11	18. MOTHER'S NA	AME (First, Middle, Melder JELIZ	Surneme)	+ FORD
190. INFORMANT'S NAME (Type/Print)	CORDS	196.	MAILING A	DDRESS (Street	AS AE	Route Number, City or Ton	vn, State, Zip Cod	lo)
200. METHOD OF DISPOSITION	and to Res	20b. PLACEA	ND DATE OF	DISPOSITION (NO	ame of	DATE 20c. LO	OCATION — City	or Town, State
1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	IOVER TROM State	cometen green	natory or othe	Fill (CEM.	12-28 E	ASTON	MARYLA
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC MARKET J	CENSEE Jan	21 C. 7 21 C. 7	the state of the s	EVA	CEM. ND ADDRESS OF FA OF CHE MARE	OF N CYLAN	MARYLA DEMORIES	
4 Donation 5 Other (Specify)	CENSEE Skiri Copydications the List only one can	C ARREST	T DUE	t enter the mo	CKVICLE Deteroit of dying, euc	MARE	OF A OYLAN Olretory errest,	Approximate interval Betwoonset and Diagonal Admin.
23. PART I. Enter the disease, or cause, crondition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	considerations the List only one certain Due to Due to Due to Cardia Due	C ARRESTO (OR AS A CONSECUTION OF	UENCE OF): ATERIO UENCE OF): ONIC O	TO ARRIO ELERO	HYTHIMIC OTIC CARD	MARE	1	Interval Betw Onset and D
23. PART I. Enter the dispesse, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	considerations the List only one certain Due to Due	C ARRESTO OF AS A CONSECUTION OF AS A CONSECUT	T DUE UENCE OF): AFTERIN UENCE OF): DNIC O UENCE OF):	TO ARRI	HYTHIMIC OTIC CARD	MAGENTAL OF THE PROPERTY OF TH	1	Interval Betw Onset and D
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE 23. PART I. Entey the dispesse, or abook, or hyart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	consee Complications the List only one cat a. CARDIA DUE TO DUE TO DUE TO CARCING	C ARREST O (OR AS A CONSECU- ENSIVE A O (OR AS A CONSECU- BE, CHRO O (OR AS A CONSECU- DOMA OF TH	UENCE OF): ONIC O UENCE OF): UENCE OF): HE CO	TO ARRIUCTION	HYTHIMIC OTIC CARD	HOVASCULAI	RASE	Interval Betw Onset and D
23. PART I. Enter the dispesse, or abook, or hybrid failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition	consee Complications the List only one cat a. CARDIA DUE TO DUE TO DUE TO CARCING	C ARREST O (OR AS A CONSECU- ENSIVE A O (OR AS A CONSECU- BE, CHRO O (OR AS A CONSECU- DOMA OF TH	T DUE UENCE OF): FITERIN UENCE OF): DNIC O UENCE OF): HE CO	TO ARRI O ELERC BSTRUC LON the underlying	HYTHIMIC OTIC CARD	NOVASCULAI NONARY DISE	RASE	Interval Betw Onset and D. 40 min. 24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the dispesse, or abook, or hyart failure. IMMEDIATE CAUSE (Finel dispesse or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	CARDIA CARDIA DUE TO HYPERT DUE TO CARCING CARCING CARCING CARCING DUE TO CARCING	C ARREST O (OR AS A CONSECTION OF THE CONSECTION	T DUE UENCE OF): FTERM UENCE OF): DNIC O UENCE OF): HE CO	TO ARRI O ELERC BSTRUC LON the underlying 26. PI OTHER: I Nursing Hom OF 28c. IN. NV	HYTHIMIC OTIC CARD TIVE PULN g ceuse given in LACE OF DEATH (C) TO Residence STORY AT SHICK?	NOVASCULAI NONARY DISE	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART II. Other eignificent condition PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SIGNATURE OF FUNERAL SERVICE LIE 23. PART II. Enter the displease, or a shock, or hivert failure. If medical condition resulting in death) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	CENSEE Contributions the List only one centributing to the contributing to the contributing to the contribution to the contri	C ARREST O (OR AS A CONSECTION OF THE CONSECTION	UENCE OF): FTERM UENCE OF): UENCE OF): UENCE OF): HE CO Paulting in DOA (285). TIME (1871)	TO ARRI TO ARRI DELERC BSTRUC LON the underlying Homory Nursing Homory NV M 1	DTIC CARD TIVE PULN g ceuse given in LACE OF DEATH (C) TURY AT SIRCY YES 2 NO	Part I. 24a. WAS AI PERFO 1 YES	NAUTOPSY RMED? NO INJURY OCCURE	24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
23. PART II. Inter the dispesse, or shock, or higher fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAINER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	CENSEE Contributions the List only one certain the CARCING CARCING CARCING CARCING CONTRIBUTION TO CONTRIBUTION	C ARREST O (OR AS A CONSECTION OF THE CONSECTION	UENCE OF): FTERM UENCE OF): HE CO Paulting in DOA 4 28b, TIME: INJUF The farm, strict th occurred	t enter the mo	DTIC CARD TIVE PULN g ceuse given in LACE OF DEATH (C) TURY AT SHK? YES 2 NO	Part I. 24a. WAS AI PERFO 1 YES Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW	NAUTOPSY RMED? NO INJURY OCCURE and Number or Ri	24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO

TORION, NETVERO

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DAPSIA SAFE TO SETO AREHITANO

HYPERTENSIVE ARTERIO ELEROTIC CARDIOVASCULAR

-DISEASE, CHRONIC OBSTRUCTIVE RULMONARY DISEASE

CARCINOMA OF THE COLON

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Pemy Dihim, M.D., 7620 York Rd., Towson, Md.: 21204 Mark which the comment of the comment

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	REGISTRAR	CERTIF	ICATE OF	DEATH		REG. N	0			
	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH			3. TIME OF D	DEATH
	JOHN HENRY WILKINS				De	. 19	, 199	VEAD		p.mv
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	S 7 DAT	E OF BIRTH		A BIRTHE	H ACE (State .	or Formion
	243-16-2945 MM2 F 83	YRS.	MONTHS DAYS	HOURS MIN	FA	oth, Day, Your	191	Country	orth	Caro
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF		J. 12		TY OF DE		Oalo
<u>۳</u>	Irvington Knoll Care Cent	er	Balti		JEAIN		3C. COO!	VIII OF DE	AIN	
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY	111	TY, TOWN OR LOCA						10d. INSIDE	CITY
ā	Maryland	Ba	ltimore	9					LIMITS?	□ NO
AL	10e. STREET AND NUMBER		10	. ZIP CODE			10g. CITI		HAT COUNTR	
E	22 Athol Avenue		2	21229				3.A.		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DEC	CENDENT OF HIS	PANIC ORIG	IN? (Specify Y	ea or No-	14. RACE	- American	Indien.
Y	1 Never Merried 2 Married FORCES? 1 YES 3 Widowed 4 Divorced FYES, GIVE WAR OR DATE			ecify Cuban, Mer		Rican, etc.)		Black,	White, atc.	
	342 Wildowed 4 Divorced							Opeding	Black	7
三	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S	USUAL OCCUPATION	ON ost of working	16	6. KIND OF B	USINESS/IND			
2	Elementary/Secondary (0-12) College (1-4 or 5 +)	IIIe. Do NOT u	se retired.)							
N N		armer				Share	cropp	ing		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S	NAME (First,	Middle, Maide	n Surname)		111	
BE	John Wilkins			Magg:				10.5		
6	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a							
	Rosa Wilkins	306	Suter R	load Ba	altin	nore,	MD 2	122	8	
	20e. METHOD OF DISPOSITION t IX Buriel 2 Cremation 3 Ramovat from State	LACE AND DATE	OF DISPOSITION (Na	ame of	DA	TE 20c. L	OCATION (City or Tow	n, State	
	4 Openation 5 Other (Specify) W.C.S	tern	Star Ce	metery	7 12/	23	Caton	svi	lle,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Marsh	ND ADDRESS OF	FACILITY	L se	r Fun	era	l Hm	РΔ
	" Slove warms from	,	4101	Edmond	lson	Ave.	Ralt	imo	re M	ID212
	23. PART I. Enter the diseases, or complications that caused to	he deeth. Do r	not enter the mo	de of dying, a	uch ea ce	diec or res	piratory arm	est,	Approx	
	ahock, or heert fellure. List only on sause on each	h line.							Interva	Between
1	diagess or condition resulting in deeth)	1.10	ashy	Itall	ias				Olise,	and Death
	DUE TO (OR AS A CO	ONSEQUENCE OF	P):	IN TOUC					-	
z	Alexander Ch		0						İ	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	ONSEQUENCE OF	F):							
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury									
E	that Initiated eventa DUE TO (OR AS A CO	ONSEQUENCE OF	F):							
EH	resulting in death) LAST									
	PART II. Other aignificant conditions contributing to death but	not resulting i	in the underlying	certee circe	In Part I		N ALITHANAY			
DICAL			sello		m Part I.	24s. WAS A	RMED?	1	VERE AUTOPS	OR TO
						1 🗌 YES	2 10		OMPLETION (OF DEATH?	OF CAUSE
Σ	(3) peripheral was	emay	ausea	all				1	YES 2	NO NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
<u>≅</u> ∥	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (
¥	1 YES 2 PRO 1 Inpetient 2 ER/Outpetie 27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM	4 Mursing Hom		_					
ā	1. Natural 5 Pending (Month, Day, Year)		URY WO	RK?	28d. DE	SCRIBE HOW	INJURY OCCI	URED		
	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY	At home to		res 2 No	-					
	4 Homicide detarmined building, atc. (Specify)	At Home, tarm, a	irreet, lactory, ome:		City	or Town, State	and Number (or Rural Roo	ite Number,	
<u> </u>	29a. CERTIFIER									
M M	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge	je, daath occurre	ed at the time, data	and place, end d	ue to the ca	use(s) and ma	nner sa state	d.		
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of axamination or	nd/or investigation	n, in my opinion, d	eath occured at t	he time, dat	and place, a	nd due to the	cense(s) t	and manner e	s stated.
BE	290. SIGNATURE AND TITLE OF CENTINES	. (/	MIX	29s, LICENSE N	UMBER		29d. DATE	SIGNED A	forth, gay, Ye.	er)
P P	My vu	1	141	D 391	27		•	12/	2/11	-
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) /7/pic.	Printi					1	11	0
	HAMMED MID								1 /	
- 1	31. DATE FILED (Morrith, Dey, Year) DEC 2.2 1993 Juhis Merridan	RE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	cours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buttal-transit permanent of property of property of property of property of property of property of property of the prop

	4. SOCIÁL SECURITY NÚMBER 219–44–4379	5. SEX	47	yrs. lest birthdey) YRS.	IF UNDER 1 YEA	B HOURS MIN	Ma	ATE OF BIRTH Honth, Day, Year) Irch 27		Count	aryland
TOR	9a. FACILITY NAME (If not institution, give Washington Count		al		96. ату, тоw Hager	Washington					
DIRECTOR	100. STATE 100. COUNTY Maryland Washington			777	10c. CITY, TOWN OR LOCATION Hagerstown					10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO	
FUNERAL	100. STREET AND NUMBER 1125 Fairview Ro	nad .				101. ZIP CODE 21742	50		1000		WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, OIVE	1 YES	2 NO	If yes,	DECENDENT OF HIS , specify Cuban, Max YES 2 XNO Spec	ican, Pu			S.A. 14. RAC Blac Spec	E — American Indian ck, White, etc.
PLETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8	+)	(Give kind of a life. Do NOT us	work done during se retired.)	most of working		State	Govern	ent	& Probat
BE COMPL	17. FATHER'S NAME (First, Middle, Leet) Richard S. Adam	ns				Natal	name (F	rst, Middle, Maid R. Stoc	_{en sumame)} kslage	er	W IIODAC
5	194. INFORMANT'S NAME (Type/Print) Roberta S. Adams	5				ew Road					nd 21742
	20a. METHOD OF DISPOSITION	movel from State	camete	PLACE AND DATE	OF DISPOSITION	(Name of		DATE 20c.	LOCATION —	City or To	own, State
	t Burlei 2 Cremation 3 Re 4 Denation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I Douglas A. Fi 23. PART I, Enter the diseases, or shoot a book at least follows.	ery /c/	iolas et épusedit	H. Fill	Doug Fune	tory 12- E AND ADDRESS OF las A. F eral Home mode of dying, a	iery	1331 Hage	Easte rstown	ern I	Maryland Blvd. Nor aryland 2
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: MEDICAL CERTIFICATION	21. SIGNATURE OF FUNERAL SERVICE I 21. SIGNATURE OF FUNERAL SERVICE I DOUGLAS A. Fi 23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Seven Due to d. List only one can be to	RO I W O OR AS A CO OR	Testino Testino Consequence of Awem Consequence of Co	22. NAME DOUG Fune Fune not enter the fire fire fire fire fire fire fire fir	e and address of las A. F eral Home mode of dying, a more has a mo	FACILITY LICH OS	1331 Hage cerdlec or rel ANOXI	Easterstown	ern I	Blvd. Nor aryland 2 Approximat interval Bet Onset and I
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9	23. PART II. Other eignificant conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death) PART II. Other significant conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ery Complications the List only one can be List onl	at soused to use on each PO I W D (OR AS A C) D (OR AS A C	the deeth. Do in the de	22. NAME DOUG Fune To The Picture To The Underly In the underly Manager Manage	AVARE PLACE OF DEATH THOME TO THE THOME AVARE PLACE OF DEATH THOME In Part	1 A No XI I. 24a. WAS PERF 1 YES	Easterstown plratory err AN AUTOPSY FORMED? 2 NO	ern I	Blvd. Noraryland 2 Approximat Interval Bet Onset and I	

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	cate be exec	physician and e prior to bu	er traumat	
	death certifi	ental Hygien	iry, or other	
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-	he law requi	has been s Dept. of H	n 23 show	
	IYSICIAN: TI	is certificate	ed, or Her	
	TENDING PH	OR. After the	8 is mark	
	ITAL OR ATT	PAL DIRECTI 72 hours at	If item 2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	

1 - FOR STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MENTA	AL HYGIEI REG. NO	-	3 37151		
1. DECEDENT'S NAME (First, Middle, Leet) 1. OPT A CONTROL OF THE C		D. AN	DERS	SON IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		3. TIME OF DEATH 93 /650 8. BIRTHPLACE (State or Foreign OPYTYNNA.		
Se. FACILITY NAME (If not institution, give	So. FACILITY NAME IN not institution, give street and numberly of Hosp. +4/ So. CITY, TOWN OR LOCATION OF DEATH So. COUNTY OF TAKOMA PARK											
	Igonere	(10c. CIT	Y, TOWN OR TA		MA PAR	K			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10. STREET AND NUMBER 8 1 0 7	8107 HAMMOND AVE.			101. ZIP CODE 2.00 2						10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	12 WAS DECEDEN	YES 2 X	NO	If y	res, spec	NDENT OF NISP NO Spec	can, Puerto		es or No	14. RACE — American Indian, White, etc.		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(G	live kind of v Do NOT us		ring most			EPT.				
17. FATNER'S NAME (First, Middle, Lest) WILLIAM JAMES	ANDEDSC	N				18. MOTHER'S P				RBST		
19a, INFORMANT'S NAME (Type/Print)		19			Street and	d Number or Run						
NYELLA P. AND		20b. PLACE	AND DATE (AS 1	ON (Narr		m . 1		ocation — 6	City or Town, State DELPHI, MD.		
21. SIGNATURE OF FUNERAL SERVICE LI	Certifies Do	3 Le		TAY	WE AND	A FUNE	RAL	HOME	INC	254 CARROLI 20012		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO	OR AS A CONSE	DUENCE OF	Car	ry	Asse ce F	ail	ure	an	d Two week		
PART II. Other algorificant condition	na contributing to	death but not i	reaulting (In the unde	erlying	cause given i	n Part I.	24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH (Check only o	one)				
1 TYES 2 NO	1 Delinpetiant 2 = 28a. DATE OF		DOA 28b, TIM	4 🗆 Nursin	g Nome Bc. INJU	5 Residence	7	er (Specify)	INJURY OCC	CUREO		
1 Natural 5 Pending Investigation	(Month, Di	ry, Year)	1111	M	WOR							
3 Suicide 8 Could not be determined								or Rural Route Number,				
nne)	ICIAN: To the best of ER: On the basis of a									ed.		
296. SIGNATURE AND TITLE OF CERTIFIE	in HD					D-1	UMBER 389	5	29d. DATE	E SIGNED (Month, Day, Year) 2-08-93		
30. NAME AND ADDRESS OF PERSON WINDS ARAK KA	RIM. 7.	610 C1	ARRI	Print)	HE	NUE,	FK	MA.	PARK			
DEC 1 0 1993	32. REGISTRA	R'S SIGNATURE	2							- 1		

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BY FUNERAL DIRECTOR

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Injury.

this certificate has been signed by the with the State Dept. of Health and Prked, or item 23 shows any Inj

marked,

D THE FUNERAL DIRECTOR: After this filed within 72 hours after death w MPORTANT. If item 28 is mark

TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: II

CERTIFICATION

MEDICAL

PHYSICIAN:

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0 '93

Aulia Devideon Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR GISTRAR CERTIFICATE OF DEATH REG. NO DENT'S NAME (First, Middle, Last) 2, DATE OF DEATH 1993 YEAR 8 11:20 P rnice Lambert Blum. Dec L SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. t 31 DAYS 1 - M 2 XF YRS. 3-12-7877 73 Oct 1920 Maryland LITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH rroll County General Hospital Carroll Westminster 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Carrol1 Westminster EET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9 E. Green Street 21157 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES TAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. ver Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: Specify: white 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) -11 beautician beauty shop 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) **Amelia** Uriah Lambert Melvia Gibson Monroe 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 21157 469 E. Green Street, Westminster, MD William A. Blum 20s. METHOD OF DISPOSITION
1 V Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 2/12/9 BATE 20c. LOCATION — City or Town, Stata Westminster Cemetery Westminster, MD 21. SJONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherine ritto - Sweitzer 412 Washington Rd., Westminster, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final OUE TO (OR AS A CONSEQUENCE OF): Impay resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted avents resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO WEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 10 1 Inpetient 2 A SN/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296_SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 200 2 Maranna 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) · Wailminter MACANNA TOOA P85 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BALTIMORE, MAI	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retaine	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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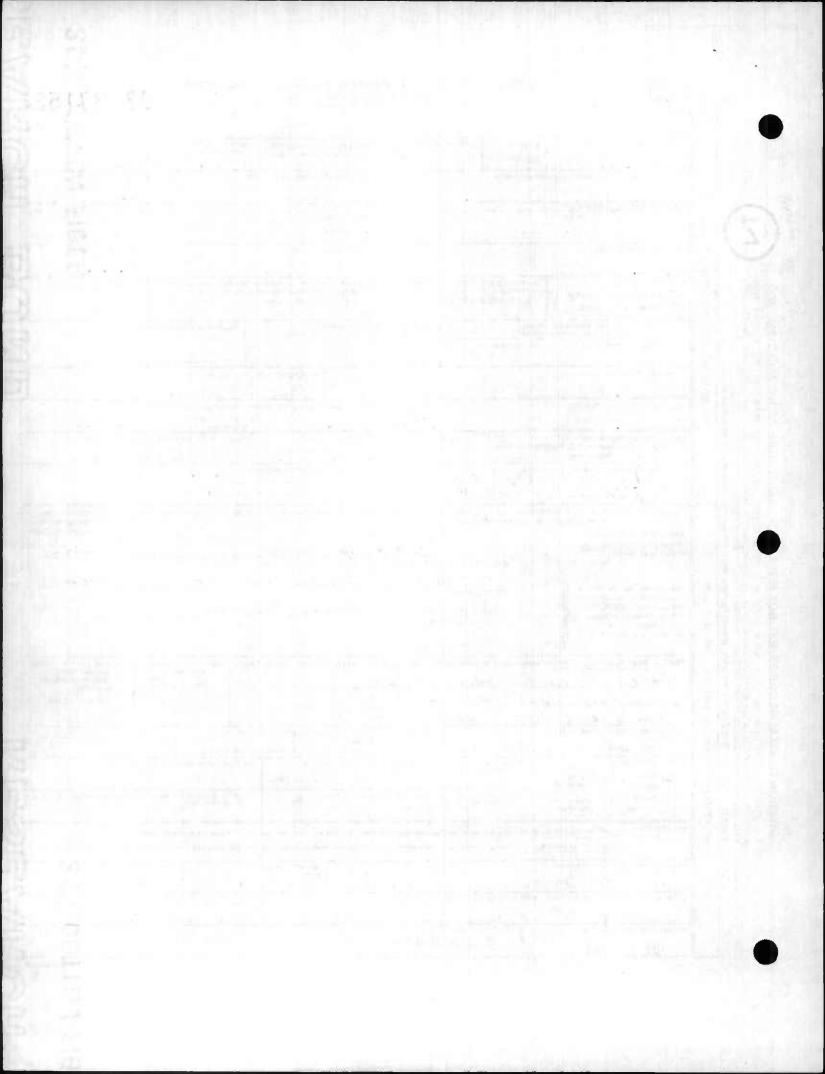
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR CARROLL **THOMAS** BRANDENBURG 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYS 1 DMATE YRS. 705-10-5037 89 May 30, 1904 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CARROLL COUNTY GENERAL HOSP. CARROLL WESTMINSTER 10c. CITY, TOWN OR LOCATION WESTMINSTER 10a, STATE 10b. COUNTY 10d. INSIDE CITY
LYMITS

1 YES 2 NO MD CARROLL FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 205 ST. MARK WAY 21158 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO NO Specify: BY 3 Widowed 14 Divorced WHITE NO COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) 12 RAILROAD CLERK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUEL E. BRANDENBURG CAPITOLA BURRALL BE notified ton, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 THOMAS E. BRANDENBURG POUGHKEEPSIE 74 COLBURN DR. NY 12603 Pe pe 20s. METHOD OF DISPOSITION BIRTAT 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must MOUNTAIN VIEW CEMETERY 12/8 4 Donation 6 Other (Specify) UNION BRIDGE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS atharine UNION BRIDGE, MD medical 23. PART i. Enter the diseases, or complications that sused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Finsi the disease or condition DUE TO (OR AS A CONSEDUENCE OF): WEEKS resulting in death) traumatic event, CHRONIC RENAL FAILURE YEAR-S CERTIFICATION Sequantisliy list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury ARTERIOLAR NEPHRO SCEEROSIS other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL any PRIERIUSCLEROTIC HEART DISERSE COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows CONDESTIVE HEART FAILURE 1 ☐ YES 2 ☐ NO GANGRENE PHYSICIAN: OF LEFT 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA the the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending 1 YES 2 ND BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 COMPLETED 6 Could not be 4 🔲 Homicide 200 Hem 29a. CERTIFIER 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 3 R = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the ceuse(a) and manner as stated. 295, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 12/6/93 DU 1663 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, & MNCHOR ST TIK INCENT 10000 WEGIMIDSTER UND 21157 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Aulia Devidson-Randall '93

DHMH-18 Rev 1/89



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1215-0020	filter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Proval.
BALTIMORE, MARYLAND 21215-0020	lined by the hospital hould be detached fo
IMORE, MA	Page 6 may be reta I director, page 5 sh
BALT	ter death. the funera

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR STATE REGISTRAR	STATE OF MAR		DEPARTM				MENT		SIENE I. NO.			071	7 7
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19b. SIGNATURE AND TITLE OF CERTIFIER	MD	29c. LICENSE NUMBER D 21942	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50-GIRDHAR ND

5. P- G.RDH	ARND	187 E. M.	91~ 57
DATE FILEO (Month, Day, Year) 12/7/93 DEC 9	93 REGISTRAR	S SIGNATURE Sulia Davidson	- Andell

MD 2115

VESTMINSTIM

M.L.JR. 93-265 ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-706 12/30/93 t.t

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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF DI

	1. OECEDENT'S N	AME (FIRST, MIDDIS, LE	ist)							2. DATE	OF OEATH	MY	YEAR	3. TIME OF OEATH
	J	AMES F	ROA		BROW	N				1)5	93	6:40
	4. SOCIAL SECUP	ITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDE		IF UNDER		7. DATE	OF BIRTH		S. BIRT	HPLACE (State or Forei
10.	228-04	-6409	1-1 M 2 F	26	YRS.	MONTHS	DAYS	HOURS	MIN.	7-8	Dey, Year) -1967		Mic	higan
			ve street and number)			9b. CITY	, TOWN C	OR LOCATION	ON OF DEA			9c. COUN		
Œ	1332	STEVENS	AVENUE				7 10	BUTU	C			1	TIM	
6	RESIDENCE	OF DECEDENT					AR	BUIL	3					
ŭ	10a. STATE	10b, COU	INTY		10c. CIT	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIRE	Mary1a	nd Ba	1timore		- 1			Arbu	tus					LIMITS?
	10e. STREET AND		TOTHOLO					I. ZIP CODI				10a CITI	ZEN OF	WHAT COUNTRY?
R	1222 6	14 orrana	Arranua						202				I.S.	
FUNERAL	11. MARITAL STAT	tevens		AIT FILED IN I	10 101100	1								
ВХ	1 Never Marrie 3 Widowed	d 2 X Married	12. WAS DECEDED FORCES? IF YES, GIVE	1 X YES	2 NO		If yes, sp	ecity Cuba			? (Specify Ye lican, etc.)	a or No-	Spec	E — American Indian, ck, White, etc. city: 1Casian
0		15. DECEOENT'S E	DUCATION	1	6e. DECEDENT'S	USUAL O	CCUPATIO	ON		16b	KIND OF BU	SINESS/IND		
	Elementary/Se	Specify only highest gr	College (1-4 or 8	+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	st of worldr	g					
립	12+	, ()	and the first of 0	'	Comp	uter	Te	chni	cia	n	(Educ	atio	m)	College
COMPLET		E (First, Middle, Last)						_			Addle, Melder		,11 /	COTTEGE
	James	Bro	Min					MUII			a Bra			
BE		S NAME (Type/Print)	7 W 11		400 44000		0.45							
2			r. Com								er, City or Tov			
			na Brown				-		Ma	got				apolis,
	20a. METHOD OF 1 Durial 2 3	Cremation 3 - 8	amovel from State		LACE AND DATE			ame of		DAT	20c. LC	CATION —	City or T	own, State
		Other (Specify)	0	- N	letro (Crem	ato	ry]	2-7	+93	Ba	1tim	nore	e, Maryl
	21. SIGMATURE OF	FUNERAL SERVICE	THOENSEE											
			1					ND ADDRES			-			2.11
1	IMMEDIATE CA	USE (Final dition	or complications the	use on eac	th line.	E	arr 95	Rito	& chie	Son Hw	s Fur y sev	rerna	Pa	Approximate Interval Bets
ERTIFICATION	IMMEDIATE CA	USE (Final dittion ath) at conditions, to immediate NDERLYING e or Injury rents	SMOKE IN DUE TO	WHALATI O (OR AS A C	th line.	not enter	arr 95	Rito	& chie	Son Hw	y sev	rerna	Pa	ome 211 ark, MD Approximate Interval Bette Onset and D
L CERTIFICATION	Sequentially lit if any, leading cause. Enter U CAUSE (Diseas that initiated eresulting in de	use (Final dittions, to immediate NDERLYING e or injury vents att) LAST	SMOKE IN DUE TO C. DUE TO d.	NHALATI O (OR AS A C	ON CONSEQUENCE O	not enter	arr 95 the mo	anco Rito oda of dy) & chie	Son Hw	y sev	Perna	Pa	Approximate Interval Bets
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	70	0/100
	1. DECEDENT'S NAME (First, Middle, Lest)	1-1.	0		2. DATE OF DEATH MONTH DA		3. TIME OF DEATN
CA,	(Atherine.	VIRGINIA	Istal	10	12 01	Y YEAR	13 40 PM
-				UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIRTN	PLACE (State or Foreign
	215-20-8668	1 - M 2 X F	74 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year)	Country	(1)
30	9a. FACILITY NAME (If not institution, give stre	/ 1	//		MAN, 26,1		RYLAND
œ	I A A A A A A A A A A A A A A A A A A A	et and number)	96	CITY, TOWN OR LOCATION OF	DEATN	Sc. COUNTY OF D	EATN
<u>ō</u>	WASHINGTON COUN	uty Husbit	AL	MAGERST	OWA	WASHI	NGTGA
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10e CITY TO	OWN OR LOCATION			444 MAINT ANN
<u>E</u>	Λ	111.2	11/		,		10d. INSIDE CITY LIMITS?
		HINGTON	H	GERSTOW	V		1 D YES 2 NO
₹ I	104. STREET AND NUMBER	A 1 4		10f. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?
FUNERAL	PA.	AVE		2174	0	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF NISP	NIC ORIGIN? (Specify Yea	or No- 14. BACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben, Maxie 1 YES 2 XNO Spec		Specia	, White, etc.
BY	3 Widowed 4 Divorced			TE TEST GALLO SPEC	,,	Speci	"/ILHITE
8	15. DECEDENT'S EDUCA	ITION	164. DECEDENT'S USU	JAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	
Ш	(Specify only highest grade or Elementary/Secondary (0-12)	Coflege (1-4 or 5 +)	(Give kind of work life, Do NOT use re	done during most of working tired.)			
7	9	Conege (I-4 or 5 +)	EVAM	iner	Chilin	Marin	facture
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		FAITIN		AME (First, Middle, Melden		TACIUTE
	EMARK	The		04	0 1	MILL	1
BE	EMIORY	1 nomps		14/1	TearL	litche	1
2	19a. INFORMANT'S NAME (Type/Print)	- 1	196. MAILINO AO	DRESS (Street and Number or Rura	Route Number, City or Town	n, State, Zip Code)	
	MARY LOUISE	Irail	1601 4	UAKEN CIECK	HANGOG	K, MD.	21750
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remov	cel from Btate	PLACE AND DATE OF D		DATE 20c. LO	CATION — City or To	wn, Stata
	Donation 5 🗆 Other (Specify)			pm 12/	3/93 HAN	GOCK MI	۵ 21750
	21. SIGNATURE OF FUNERAL SERVICE LICE	HBEE		22. NAME AND ADDRESS OF F	ACILITY	7	
	1	11		Grove F.H.	0 1	1 10	
	Liel	Jerico		141 W. Main Jt.	90, BA 36B 1	ANCOCK,	MO. 21750
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused i	tha death. Do not	antar tha mode of dying, au	ch as cardiac or reapi	retory arrest,	Approximete
	IMMEDIATE CAUSE (Final	1		. /	0.0		Onset and Deeth
	disease or condition resulting in death)	1 In Motal	in bull	12 NION 40	(OD/)		
	toodining in data(i)	DUE TO (OR AS A	ONSHOUSHICE OF):	to and 10			
2		CALSTUR	Meno	forbul			
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	1			
M	cause. Enter UNDERLYING	mulle	we	,			
Ĕ	CAUSE (Disease or Injury that Initiated events	DUIL TO (OR AS A	CONSEQUENÇE OF):	- 0 11. 1	7		
E	resulting in death) LAST	Ichrohu	1118911	us Mola			
B	d.		10000000				+
	PART II. Other soullicant conditions	contributing to death by	not resulting in t	ha undarfying cause given i	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS
EDICAL	Muut	no att	ull		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
0					1 TES 2	- NO	OF DEATH?
5							11.
ME					_		1 YES 2 NO
	25 WAS CASE DESERBED TO MEDIAN						1 _ YES 2 _ NO
		HOSPITAL:	ľ	28. PLACE OF DEATH (C	heck only one)		1 YES 2 NO
	EXAMINER?	HOSPITAL:		26. PLACE OF DEATN (C			1 TYES 2 NO
	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATN			THER: Nursing Nome 5 Residence Nursing Nome 5 Residence		JURY OCCURED	1 YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Dempetent 2 ER/Output 25a. DATE OF INJURY	Nent 3 DOA 4 (THER: Nursing Nome 5 Residence Nursing Nome 5 Residence	6 Other (Specify)	JURY OCCURED	1 YES 2 NO
BY PHYSICIAN:	EXAMINER? 1 YES 2 SHO 27. MANNER O DEATN 1 Netural 5 Pending	25a. DATE OF INJURY (Month, Day, Year) 28a: PLACE OF INJURY	25b. TIME OF INJURY	THER: Nursing Nome 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	25b. TIME OF INJURY	THER: Nursing Nome 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW II		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 TERRITICAL PLANSING.	25e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Specifi	25b. TIME Of INJURY At home, farm, streety)	FHER: Nursing Nome 5 Residence F	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	nd Number or Rural R	
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COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined 29s. CERTIFIER (Check only)	25e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Specification)	At home, farm, streety)	FHER: Nursing Nome 5 Residence Resid	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) a to the cause(a) and men a time, data and place, an	nd Number or Rural R	oute Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	25e. DATE OF INJURY (Month, Day, Year) 25e: PLACE OF INJURY building, atc. (Specification) AN: To the best of my knowled. On the basis of examination	At home, farm, stree At home, farm, stree dge, death occurred a and/or investigation, is	FHER: Nursing Nome 5 Residence F 25c. INJURY AT WORK? M 1 YES 2 NO R, tactory, office t the time, data and place, and during my opinion, death occured at the	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) a to the cause(a) and men a time, data and place, an	nd Number or Rural R ner as stated, d due to the cause(a	oute Number,
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	25e. DATE OF INJURY (Month, Day, Year) 25e: PLACE OF INJURY building, atc. (Specification) AN: To the best of my knowle: On the basis of examination	At home, farm, stree At home, farm, stree dge, death occurred a and/or investigation, is	FHER: Nursing Nome 5 Residence Resid	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) a to the cause(a) and men e time, data and place, an	nd Number or Rural R	oute Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	25e. DATE OF INJURY (Month, Day, Year) 25e: PLACE OF INJURY building, atc. (Specification) AN: To the best of my knowled. On the basis of examination	At home, farm, stree At home, farm, stree dge, death occurred a and/or investigation, is	FHER: Nursing Nome 5 Residence Resid	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) a to the cause(a) and men a time, data and place, an	nd Number or Rural R	oute Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	25e. DATE OF INJURY (Month, Dey, Year) 28e: PLACE OF INJURY 28e: PLACE OF INJURY building, atc. (Specification) AN: To the best of my knowle: On the bests of examination COMPLETED CAUSE OF GEAT 32. REGISTRAR'S SIGNA	At home, farm, streety) At home, farm, streety) dge, death occurred a and/or investigation, is	FHER: Nursing Nome 5 Residence Resid	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) a to the cause(a) and men e time, data and place, an	nd Number or Rural R	oute Number,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		4
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	DOC	i p	6	Ē
ı	24	fille	ion,	he
	thin	etely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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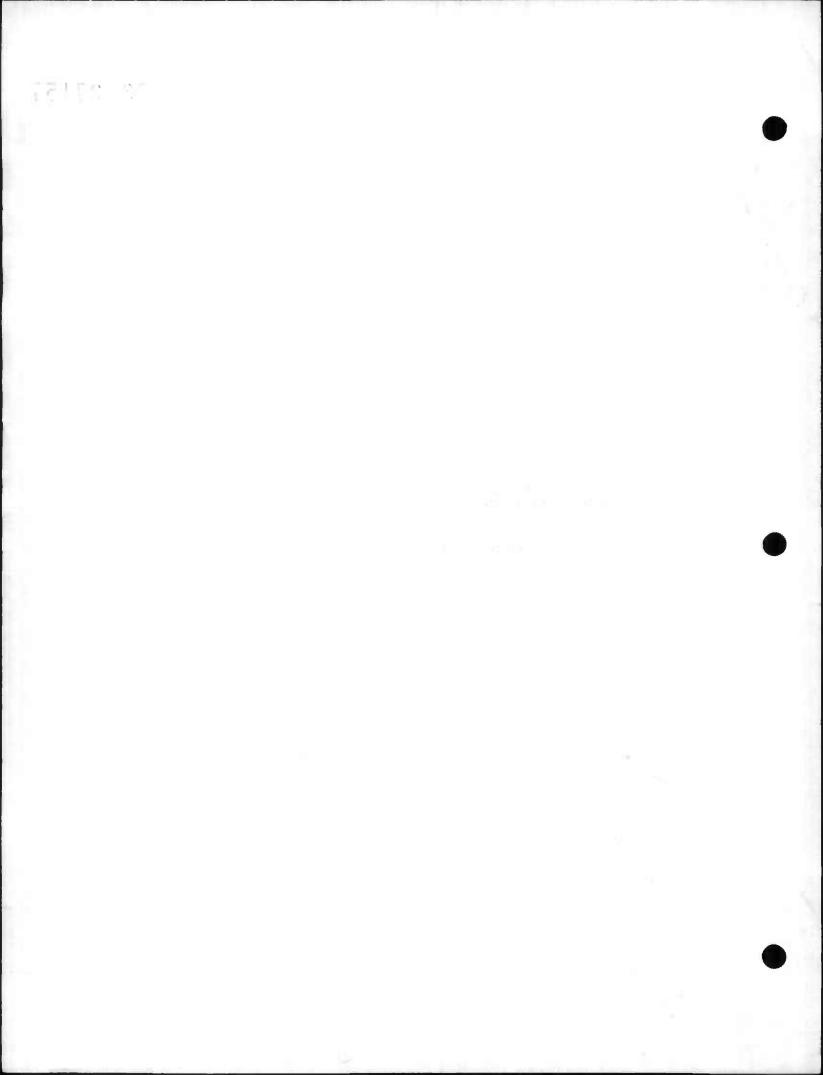
7 1993

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month)

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	HEALTH AND M	ENTAL HYGIEN		3 37157
10	1. DECEDENT'S NAME (First, Middle, Last)		OLI.II.	IOAIL O.	T	2. DATE OF DEATH	·	3. TIME OF DEATH
	CARLENE MARI	E BAKER			1			YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (!	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		I. BIRTHPLACE (State or Foreign
	220-28-8051	1 - M 2 T F 60	YRS.	MONTHS DAYS	HOURS MIN,	(Month, Day, Year) Jan. 25,	1933	Country) Maryland
	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF DEA			TY OF DEATH
OH	312 E. Frankl	in St.		Hage	rstown		Was	hington
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							
DIRECTOR	Maryland Wash	ington	10c. CIT		stown			10d, INSIDE CITY LIMITS? TYS YES 2 \(\square\) NO
FUNERAL	312 E. Frankl	in St.		101	21740)		ed STates
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Ye	s or No— 1	4. RACE — American Indian,
ВХ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			ecify Cuban, Mexican, 2 NO Specify:	Puerto Rican, etc.)		Black, White, atc. Specify: White
IE	15. DECEDENT'S EDU (Specily only highest grade		(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiia. Do NOT u			Ret	ail:	
ME	17, FATHER'S NAME (First, Middle, Last)		010	LK				
BE CC	Carl	Wilkinson				e (First, Middle, Meider ola Hutze		
10	Jack Baker				nd Number or Rural Ro klin St.,			aryland 21740
	20a. METHOD OF DISPOSITION 1	oval from State 20b.	PLACE AND DATE of the story, crematory or on a gerstow	of Disposition (Ne	ory 12-6-			ty or Town, State wn, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		0		ND ADDRESS OF FACI			uneral Home
	7,	ENATA						own ₂₁ Maryland
	23. PART I. Enter the diseases, prosphock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	EDMPHICATIONS that caused List only one cause on es a	tich line.	ma (de of dying, such		iratory arre	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A						
	PART II. Other algnificant condition	a contributing to death bu	it not resulting	in the underlying	a cause given in P	art 1. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	k only one)		
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpe	itlent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 U Residence &	Other (Specify)		
ВУ РН	27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
	3 Suicide a Could not be determined	28e, PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic	•	28t. LOCATION (Street City or Town, State		r Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge. On the basis of exemination						f. cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	i.P. Vaai	role i	D	D369	Le Co	29d. DATE :	SIGNED (Month, Day, Year)
0 :	30. NAME AND ADDRESS OF PERSON WH							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
VISION	ATTENDING PH	ECTOR: After this after death wi	n 28 is marke
D	D THE HOSPITAL DR	THE FUNERAL DIF	APORTANT: If ites

31. DATE FILED (Month, Day,)
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1 3 1993

	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIFI					MENTAL	HYGIENE	9	3	37158	
	1. DECEDENT'S NAME (First, Middle, Leet) TOHN	F	Brook	C	52				2. DATE (OF DEATH	- 0	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH	10	BIRTHPL	ACE (State or Foreign	
	219-42-4203	1 📉 M 2 🗆 F	49	YRS.	MONTHS	DAYE	HOURS	MIN.	07-(9-194		Mary		
	9a, FACILITY NAME (If not institution, give st	reet end number) 9b. CITY, TOWN					R LOCATIO	ON OF DE						
SH	SOUTHERN MANYLAND HOSPITAL CHINTON PRINCE-GEOR											4- GEORGE		
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											od. INSIDE CITY		
<u>E</u>	IN.										LIMITS?			
	104. STREET AND NUMBER	.00			La .		ZIP CODE		-	1 Y YES 2 □ NO				
P.	La Plata Motel #3	PO Box	666			101.	20646							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		MED	12	WAS DECE			NC OBIGIN	? (Specify Yea	No. 1	US.	A American Indian,	
BY FL	1 Never Merried 2 Merried 3 Widowed 4X Divorced	FORCES? 1 IF YES, GIVE W	YES 2 Z	NO			cify Cube	n, Mexica	n, Puerto R		or 40—	Black, \	Black	
03	15. DECEDENT'S EDUC	ATION		ECEDENT'S					16b.	KIND OF BUS	INESS/INDU	STRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +	- 16to	Silve kind of w b. Do NOT us	rork done e retired.)	during mos	t of worldn	g						
릴	10			abore	er				Au	to Ju	nk In	dust	ry	
S S	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, M	liddle, Maiden S	Sumame)			
ш	Joseph Brooks						Pur	nel:	1 Smi	th				
00	19e. INFORMANT'S NAME (Type/Print)									er, City or Town				
2	Catherine A. Broo	ks Jeffe	rson	516 H	lance	ock I	rive	e Le	xingt	on Pa	rk, M	D 20	0653	
	20b. PLACE AND DATE OF DISPOSITION 140 Burlet 2 Cremation 3 Removal from State 4 Donetion 8 Other (Specify) St Mary's Queen of Peace 12-10-93 St Mary's Co., MD 21. SIGNATURE DEPUTE AL SERVICE LICENSEE MO0173 MO0173 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) DATE 20c. LOCATION - City or Town, State St Mary's Queen of Peace 12-10-93 St Mary's Co., MD 22. NAME AND ADDRESS OF FACILITY J. H. Eberwein Mortuary 4433 White Pls. La. White Pls., MD 20695													
	23. PARTA. Enter the disesses, or c	omplications that	t causad the de	eath. Do n	ot enter	the mod	Wnit	ng, suc	h ss card	lac or respir	etory srres	LS.	MD 20695 Approximate	
23. PANY. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)								Interval Between Onset and Death						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
E MEDICAL C	PART II. Other significant conditions contributing to seath but not resulting in the underlying cause given in Part I. Lives 2 NO 246. WAS AN AUTOPSY FINDING PREFORMED? 1 VES 2 NO 246. WAS AN AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO									MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?				
A	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF D	EATH (Ch	eck only one	»)	_	1		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE!	R:						no.		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation								28d. DESCRIBE HOW INJURY OCCURED					
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, s	treet, fac	tory, office				TION (Street er or Town, State)	nd Number or	Rural Rou	ite Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSK DISCHARGE CHARGE CHAR	R: On the beele of e											and manner se stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	de	Ker	rer	Defeat)		29c-LICE	NSE NU	VIBER 7	9	≥ 9d. DATE :	3 Z	Aonth, Dey, Year)	

	FOR
	STATE
•	REGISTRAR

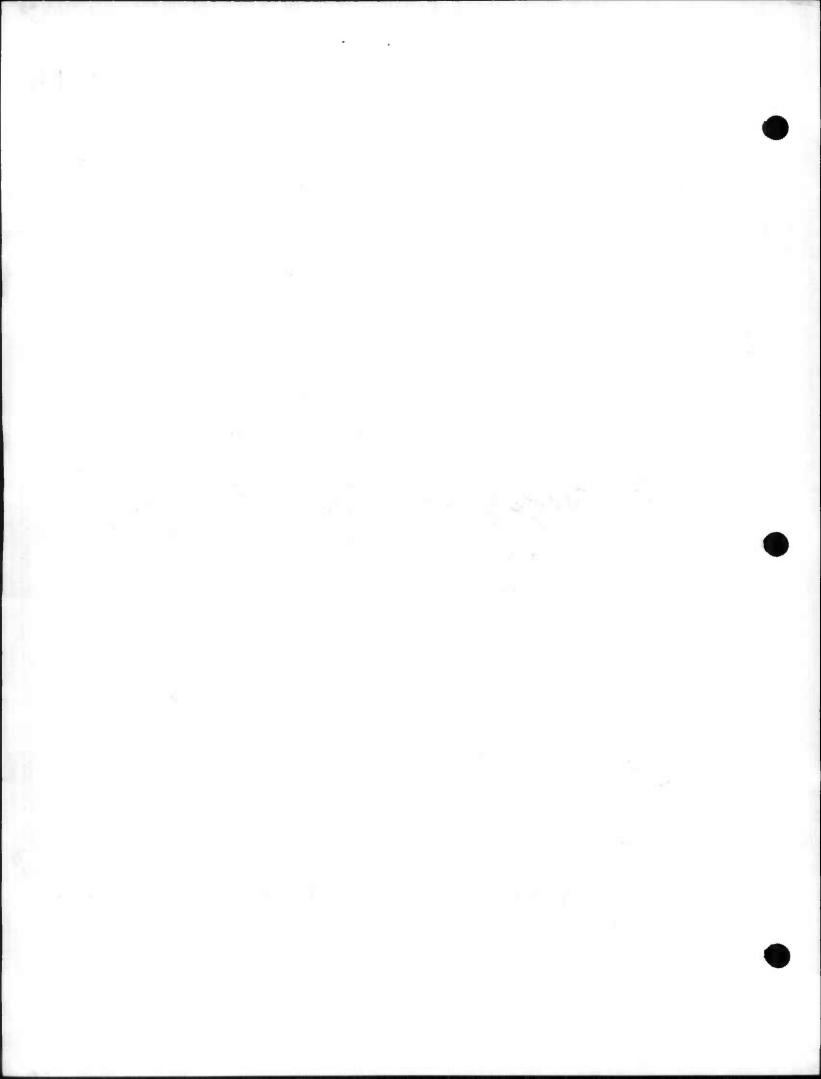
	1 - STATE REGISTRAR	SIAIE UF N					EALTH DEAT		MENTAL HYG REG.				
,	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE AR'	THUR				BLA	ND		2. DATE OF DEAT DECEMBER	09,1	993 ^{year}	3. T	ме оf оеатн :13 Р. м
	349-01-5894	SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YÉAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	910	a. Bir	TIN	E (State or Foreign
OR	9a. FACILITY NAME (If not institution, give stree PHYSICIANS MEMORIA)		96. COUNTY OF OEATH LA PLATA On the second of death of death of death of the second of death of the second of death of the second of the seco										
PHYSICIANS MEMORIAL HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Charles La Plata CHARLE							104	IHSIDE CITY					
Maryland Charles La Plata							LIMITS? Y ♥ YES 2 □ NO						
FUNERAL	100. STREET AND NUMBER One Magnoli	a Driv	e		101. ZIP CODE 109. C U.						.S.A	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 XXXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PORCES? 1 IF YES, GIVE W	EVER IN U.S. ARM SES 20 THE AR OR DATES	BED)		If yes, spe	ENDENT O	ı, Mexican	C ORIGIN? (Specif , Puerto Rican, etc	y Yes or No	81		merican Indian, te, etc. Thite
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+	(Givi	o kind of a	USUAL Of work done se retired.)	CCUPATIO	N st of worldn	g	166, KIND OF		verm		
MPL	7	college (1-4 or 5 +	' P1	cint	er								niting
Ö	17. FATHER'S HAME (First, Middle, Last)						18. MOTH	ER'S NAM	IE (First, Middle, Ma				
B	James Bland 190. INFORMANT'S HAME (Typo/Print)		Lan						iberson				
9	Elaine Baxter								Burli			owa	52601
	Elaine Baxter 1016 N,4th. Street, Burlington, Iowa 52601 20e. METHOD OF DISPOSITION 1 Burlet 2/(Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Town, State 4 Donation 5 Other (Specify) 12 11 93 Waldorf, Md.							late					
	21. SIGNATURE OF PUNERAL SERVICE LIGHT		M-001		22. A	REH	ART-	ECH	OLS FUI	VERA	L HO	ME.	INC.
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	plications that	caused the dea	th. Do r	not anter	tha mod	de of dyi	ng, such	ss cardiac or n	aplitaton	y arreat,	1	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Ad	ranen	l	B	Wh	w	V20	lun	\sim	,		Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		OR AS A CONSEQU										
ERTI	thet initiated events resulting in death) LAST												
CAL	PART II. Other significent conditions of	ontributing to	death but not re-	suiting i	in the un	deriying	cause g	iven in P	Part I. 24a. WA	AN AUTOF	PSY 2		AUTOPSY FINDINGS ABLE PRIOR TO
PHYSICIAN: MEDI									1 _ YE	S 2 1 1		OF D	PLETION OF CAUSE EATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DE	ATM (Chan					
SICI	EXAMINER? 1 VES 2 NO	OSPITAL:	ER/Outpetient 3	DOA	OTHER	R:			ck only one) Other (Specify)				
	27. MAHNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Da	HJURY	26b. TIM		28c. INJU WOF	IRY AT		26d. DESCRIBE HO	W INJURY	OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF building, e	IHJURY — At home	e, term, s			ES 2 _	-	261. LOCATION (St. City or Town, S	eet end Nu	mber or Rura	l Floute A	lumber,
LETE	4 Homicide detarmined	d. To the horse of											
COMPLET	(Check only one) Check only 2 MEDICAL EXAMINER: C	n the basis of ex	my knowledga, deat	h occurre	n my o	me, data : pinion, de	and place, ath occurs	end due to	o the cause(s) end ime, date and place	manner es	atated. to the cause	e(s) end	manner es stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Cal	My	J			29c. LICE	O 6	29 29	29d.	DATE SIGN	1 O	1 Day, Year)
	30. HAME AHO ACOBES OF PERSON WHO C	OMPLETED CAUSI	OF DEATH (ITEM	27) (Type.	- VA	Pu	re	1.0	nd :	20	6 V	6	
	31. DATE FILED (MONTH), Day, Year) DEC 1 3 1993 32. BEGISTRAR'S SIGNATURE Junia Davidson-Randson												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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BALTIMORE, MARYLAND 21215-002	ate be executed within fours after death. Page 6 may be retained by the hospital or attending phy
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filled in by the funeral director, page 5 should be detached for ion, or removal. medical examiner and completely filled in burial, cremation, or the other traumatic event, prior to signed by the attending physician Health and Mental Hygiene prior to Injury, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t. of P has by Dept. 23 this certificate h 10 L DIRECTOR: After the bours after death v 28

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296. SIGNATURE AND TITLE OF CERTIFIER

Raman R. DEC 0 7

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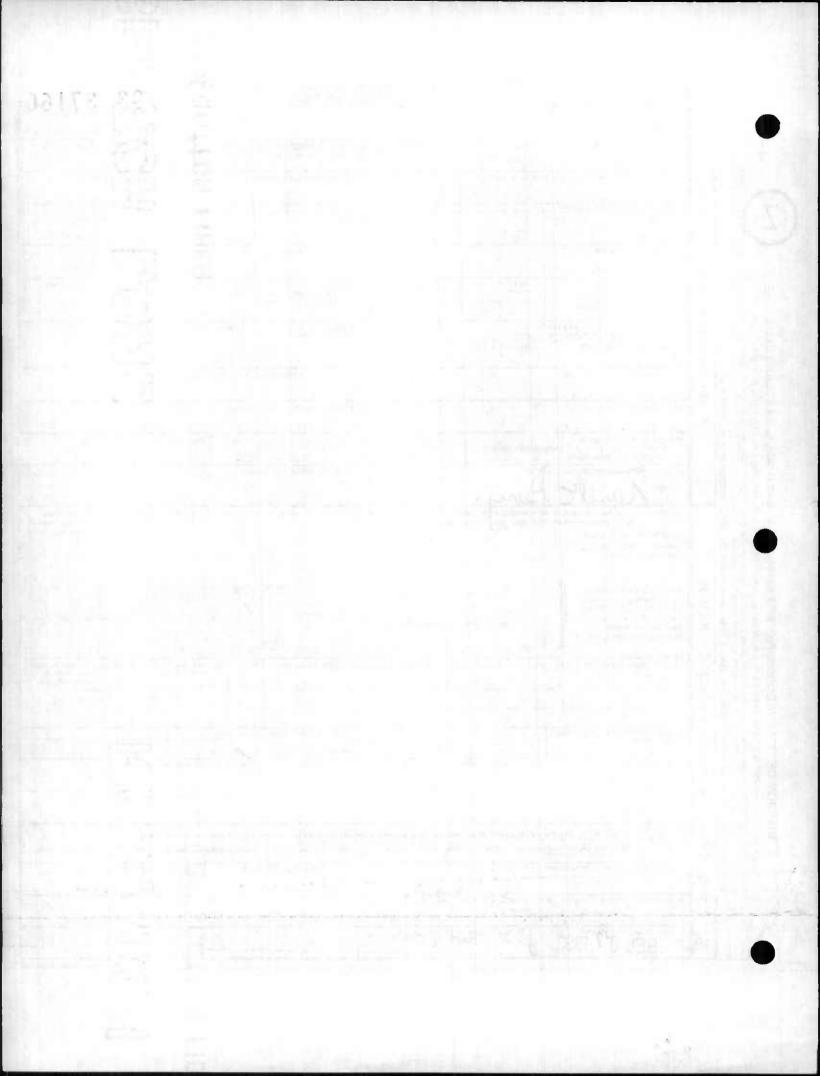
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DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH アンクロ 2322 (Kenneth W. Beckman) 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 | F DAYS HOURS 471-18-1177 Iowa 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR SHADY GROWE ADUBLINST 1505P HONT GONGERO Rockwille MO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Potomac 1 TES 2 XXNO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20854 United States 10611 South Glen Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? MY YES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rid 1 YES 2 X NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Research Company Owner must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Alfred Beckman Mina Drugg BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 10611 South Glen Road, Potomac, Maryland Anna S. Beckman 20854 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2X Cremation 3 ☐ Removal from State 206. PLACE AND DATE OF DISPOSITION (Nemo 1/2/4/93 20c. LOCATION — City or Town, State OATE Montgomery Crematorium, Inc. 4 Donation 6 Other (Specify) Bethesda, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 ome M00803 20814 Wisconsin Avenue, Bethesda, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition Dehydration resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, Ju le fastasi? If eny, leading to immediate ceuse. Enter UNDERLYING 0 1308 CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE amy nic 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1A Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Name 5 Rasidence 6 Other (Specify) 1 TES 2 X NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be COMPLETED 4 Nomicide determined Hem 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL CE DE filed within 72 he IMPORTANT: If I

MEDICAL EXAMINER: On the bear examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) 19609 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10810 Darnestown Road, #H2, Gaithersburg, Maryland 20878 M.D. 32. REGISTRAR'S SIGNATURE DE LE PROPERTIES DE LE PROPERTIES DE LA PROPERTIE DE LA PROPERTIES DE LA PROPERTIT

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ž	JENNIE MABEL BANFIELD	Manel	Dean	baiii 1	610	MONTH			5:45 am	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 X F	6. AGE (In yrs. lee	VRS. FUN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL (Month, Day, Mar 1,	Year)	Country)	ACE (State or Foreign	
DIRECTOR	96. FACILITY NAME (If not institution, give alreet and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. FACILITY NAME (If not institution, give alreet and number) 98. FACILITY NAME (If not institution, give alreet and number) 98. FACILITY NAME (If not institution, give alreet and number) 98. FACILITY NAME (If not institution, give alreet and number)									
	10a. STATE 10b. COUNTY Maryland Montgomery	10c. CITY, TOW Silve					d, INSIDE CITY LIMITS? YES 2 NO			
HAL	100. STREET AND NUMBER 3501 South Leisure World	Blvd #3	110	101	20906			tates		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	RMED 13. WAS DECENDENT OF NISPANIC ORIGIN?				ecify Yea or No-	American Indian, /hita, atc. White			
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BE CON	17. FATNER'S NAME (First, Middle, Leat) Cornelius L. De				16. MOTHER'S NA Lillian		L.		Newton	
2	190. INFORMANT'S NAME (Typo/Print) Patricia Ann Banfield Smi		Same as		nd Number or Rural I	Route Number, Cit	y or Town, State, Zi	p Code)		
	20a. METNOD OF DISPOSITION 1	20b. PLACE / cemetery, cre	AND DATE OF DISF	osition(Na emete)	me of	12-17	20c. LOCATION -		State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Rapp	Funeral ist Ave,	Service	es, P.A.		20910	
CERTIFICATION	ahock, or heart failure. List only one ceuse on each line. Interval Batween Onset and Death Interval Batwe									
MEDICAL C	REAL TOURS						WAS AN AUTOPSY PERFORMED? YES 2 NO	AMAILABLE PRIOR TO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	ick only one)				
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: Impetient 2			turning Horr	e 5 🗆 Residenca		**			
ВУ РН		rel 5 Pending (Month, Day, Year) INJURY WORK?								
3 Suicide 6 Could not be 288. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rurel Route Numb							e Number,			
COMPLETE	29a. CERTIFYING PHYSICIAN: To the best of or medical Examiner: On the best of examiners of examiners of examiners of examiners of examiners.								nd manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CHITIFIER	shua	(4 C		29c. LICENSE NUI	HER MARY	29d. DAT	TE SIGNED (M	onth, Day, Year) 8 / 9 9 3 '	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ROBERT L. KRICHMAR			VAE	won D K	3 w 5.	LVER 51	PRING	8 1993. md2090f	
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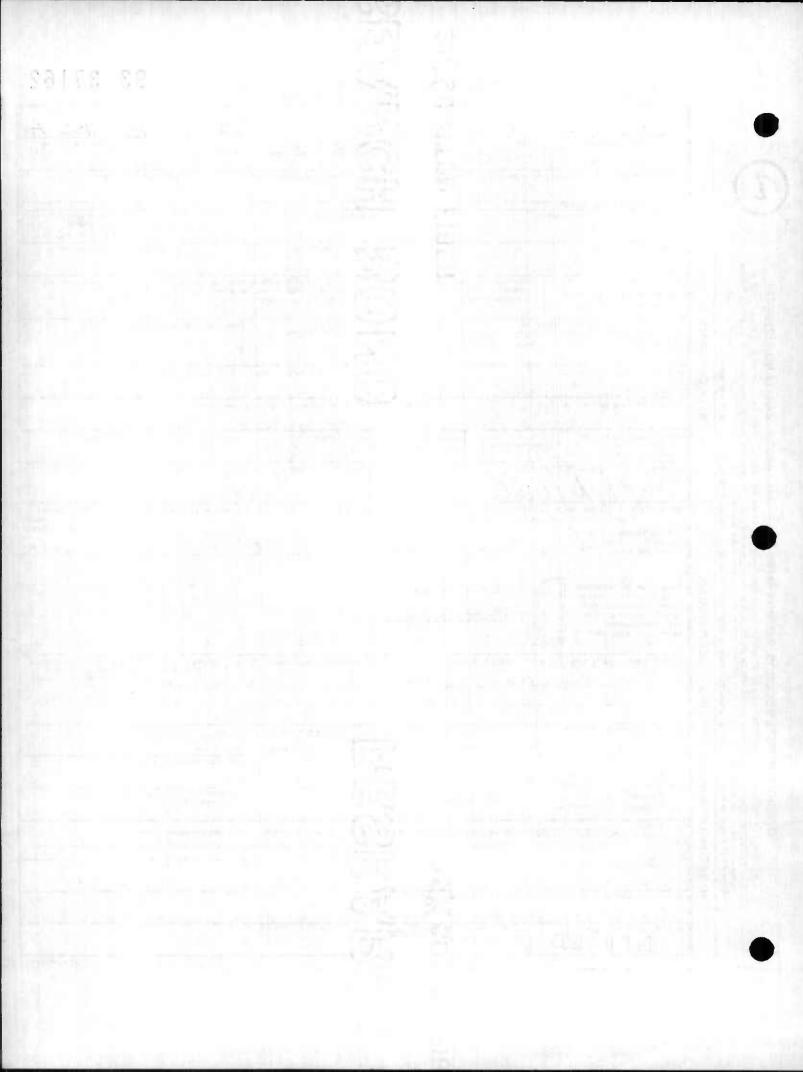
BALTIMORE, MARYLAND 21215-0020

urs after death. Page 6 may be retained by the hospital or attending physician. use as the Por detached 1 page 5 should be filled in by the funeral director, ttion, or removal, the attending physician and completely TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, crems IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH BALDUCC 1155 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MONTHE HOURS DAYS 1 X M 2 | F 578-18-9767 88 YRS. 7/19/05 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park, Maryland Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges West Hyattsville 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2014 Van Buren Street 20782 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Griffith Consumers 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph A. Balducci BE Anina Balducci 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan Balducci 2014 Van Buren St. W. Hyattsville, Maryland 20782 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremellon 3 Removal 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Gate of Heaven Cemetery 12/3 Silver Spring, Maryland 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SEM 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock or heart failure. List only one cause on each line. interval Between Onsel and Death IMMEDIATE CAUSE (Final disease or condition_ PNEUMONIA WEEK resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE MELLITUS DIABETES 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 ND 1 Cinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Poseph B. miggerd, M. D. D08425 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7600 CARROLL AVE. 2 MIZGERD TAKOMA PARK 209/2 31. DATE FILED (Month, Day, Yea 32. REGISTRAR'S SIGNATURE
HUMA DAY OLON-Mandalle 1993 0



BALTIMORE, MARYLAND 21215-0020	VIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physic	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Holy Cross Hospital

4. SOCIAL SECURITY NUMBER

110-22-3021

5		oss Hos	pital		Sil	ver Spring		Mon	tgomery
ECTOR	RESIDENCE OF	10b. COUNT	Υ	100	CITY, TOWN OR I	CCATION			
שנות	MD		gomery			Spring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUM					101. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
1	15000 Doi	nna Driv	re			20905		Un:	ited States
	11, MARITAL STATUS 1 Never Married 2 3 Widowed 4		12. WAS DECEDENT EVE FORCES? 1XXYI IF YES, GIVE WAR OF	ES 2 NO	It ye	B DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 NO Spec	en, Puerto Rican, etc.	Yes or No	14. RACE — American Indian, Black, Whita, etc. Specify: White
		DECEDENT'S EDI		16a. DECEDEN	T'S USUAL OCCU	PATION	16b. KIND OF	BUSINESS/IND	USTRY
Commerce	Elementary/Seconda		College (1-4 or 5+)	Phys:		ng most of working	Burea Print	u of Er ing - (ngraving and Government
	17. FATHER'S NAME (Fin					18, MOTNER'S N	AME (First, Middle, Mail	den Surname)	
	Richard	Adam Be	ttinger			Madge	Cleary		
	19e, INFORMANT'S NAM			19b. MAJL	ING ADDRESS (S	treet and Number or Rura	Route Number, City or	Town, State, Zip	Code)
-	Virginia	Betting	er	1500	00 Donna	Drive, S:	ilver Spr	ing. Ma	ryland 20905
	20a. METNOD OF DISPO 1 M Burlal 2 Cren 4 Donation 5 0	nation 3 🗆 Ran	noval from State	20b. PLACE AND DA	TE OF DISPOSITIO		DATE 20c.	LOCATION - C	Spring, Maryla
	21. SIGNATURE OF FUN	ERAL SERVICE LI	rent-H	belar	Hi Hi	me and address of F nes-Rinalo	li Funera:		ver Spring MD
CERTIFICATION	Sequentially list co- if any, leading to in- cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) I	amediate RLYING Injury	b. ISCH DUE TO (OR A c. D(A)	S A CONSEQUENCE	E OF):	LART.	Desens	r-e	loyr Zoyr
MCDICAL	PART II. Other eigni		e contributing to deeth	FAI (/	rlying cause given Ir	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHY	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b.	TIME OF 280	Nome 5 Residence c. INJURY AT WORK? YES 2 NO	28d. DESCRIBE NO	W INJURY OCC	URED
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11 B									
COMPLET			ICIAN: To the best of my kn						id. - cause(s) and manner as stated

Julia Davidson-Randall

Richard T

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

96. CITY, TOWN OR LOCATION OF DEATH

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6. AGE (In yrs. lest birthday)

37163 93

3. TIME OF DEATN

8. BIRTHPLACE (State or Foreign Country)

Dayton, Ohio

9c. COUNTY OF DEATH

REG. NO

3, 1931

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

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	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE SEG. NO.	3 37164				
3	1. DECEDENT'S NAME (First, Middle, L	CARL CARLTON			2. DATE OF DEATH	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 266–24–7736	XX M 2 □ F	67 YRS. WONTHS	7. DATE OF BIRTH (Menth Bay, Joar) 1926	8. BIRTHPLACE (State or Foreign PENSACOLA FL.					
TOR	9a. FACILITY NAME (If not institution, g 29 LINCOLN PA	RKWAY		Y, TOWN OR LOCATION OF D NAPOLIS		ARUNDEL				
DIRECTOR	10a. STATE 10b. COI		10c, CITY, TOWN	OR LOCATION NNA POLIS		10d. INSIDE CITY LIMITS? 1 MARS 2 NO				
FUNERAL	100. STREET AND NUMBER 29 LINCOLN	PARKWAY		101. ZIP CODE 21401	10g. CITI	ZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? TO YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 □ NO TES 1963	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, etc. APPRO AMERICAN				
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b. KIND OF BUSINESS/IND 共体计算转换设备	USTRY				
BE COM	12 17. FATHER'S NAME (First, Middle, Last, HENRY CAWTHORN		00011		AME (First, Middle, Malden Surrame) SUD WIMBUSH					
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EDNA MAE GRANDISON CAWTHORNE SAME AS 10 E									
	4 Donation 5 Other (Specify)		-	EM. DEC. 7-1		LLE MD. A.A.CO				
	21. SIGNATURE OF FUNERAL SERVICE CHARLES E. HI	CCKS 111	Nieki 10		F. SER. 1922 F					
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CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
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	27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpat 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCC	URED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHOTOS 2 MEDICAL EXAM	IYSICIAN: To the best of my knowle	dge, death occurred at the and/or investigation, in my	time, date and piece, and du opinion, death occured at the	to the cause(a) and manner as state time, data and piece, and due to the	ed.				
TO BE	296. SIGNATURE AND TITLE OF SERTI	18moth 1	7)	29c. LIBENSE NU	MBER 29d, DATE ▶	SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON	itein mn 60	n Bidool	v Ave F	napolis m	0 21401				
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death After

DIRECTOR: ,

OR ATTENDING PHYSICIAN:

HOSPITAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH Elizabeth 24 onne 7. DATE OF BIRTH Month, Cay Year NOV. 22, 1910 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYE HOURS 215-20-8871 1 M 2 3 F 83 MIN Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis anne Arundel RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY IGC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Davidsonville 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3913 Birdsville Rd. 21035 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN7 (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced 84 Specify: Caucasian 16e. DECEDENT'S USUAL OCCUPATION

The life of work done during most of working COMPLETED 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Personel Officer 4+ Health Care 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) notified at Charles Strippy Unobtainable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert E. Cornell son 121 Cardamon Dr. Edgewater. Md. 21037 g 20e. METHOD OF DISPOSITION
1 Digurial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place; Hillcrest Cometery 12+8-93 Annapolis. examiner 21. GIGHTUNE OF FUNERAL SEN 22. NAME AND ADDRESS OF FACILITY
John M. Taylor Funeral Home, Inc. 147 Duke of Gloucester Annapolis 21401 Md. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between **Onset end Death** IMMEDIATE CAUSE (Finel the disease or condition ante resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO JOR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY 1 TYES 2 Shows 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT WORK? 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 28 4 Homicide tem 29a. CERTIFIER

**Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL I within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Ye MILLE 32, REGISTRAR'S SIGNATURE Julia Day doon fander 1993

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DIVISION OF VITAL RECORDS, P.O. BOX

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us have after death with the State Deut of Health and Mental Heriere prior to build, compation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR

10a. STATE

Maryland

11. MARITAL STATUS

10. STREET AND NUMBER

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

12+

DIRECTOR

FUNERAL

BY

COMPLETED

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burial-transit

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38

1. DECEDENT'S NAME (First, Middle

217-22-8831

4. SOCIAL SECURITY NUMBER

37166 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF GEATH Dorothy 12 6. AGE (In yrs. leel birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year 8. BIRTNPLACE (State or Foreign Country) 1 M 2 XF YRS. 2-13-1911 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Howard County Medical Center Howard Columbia 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Severna Park Anne Arundel 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21146 U.S.A. 617 Cape McKinsey Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexican, Puerto Rican, etc.)
 UES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Caucasian 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 8 +) Owner/Operator Landscape & Nursery Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Herman Charles Fortman Florence H. Brown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 220 Wiltshire Ln. Severna Park, Maryland Judge H. Chester Goudy, Jr. 21146 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Ton

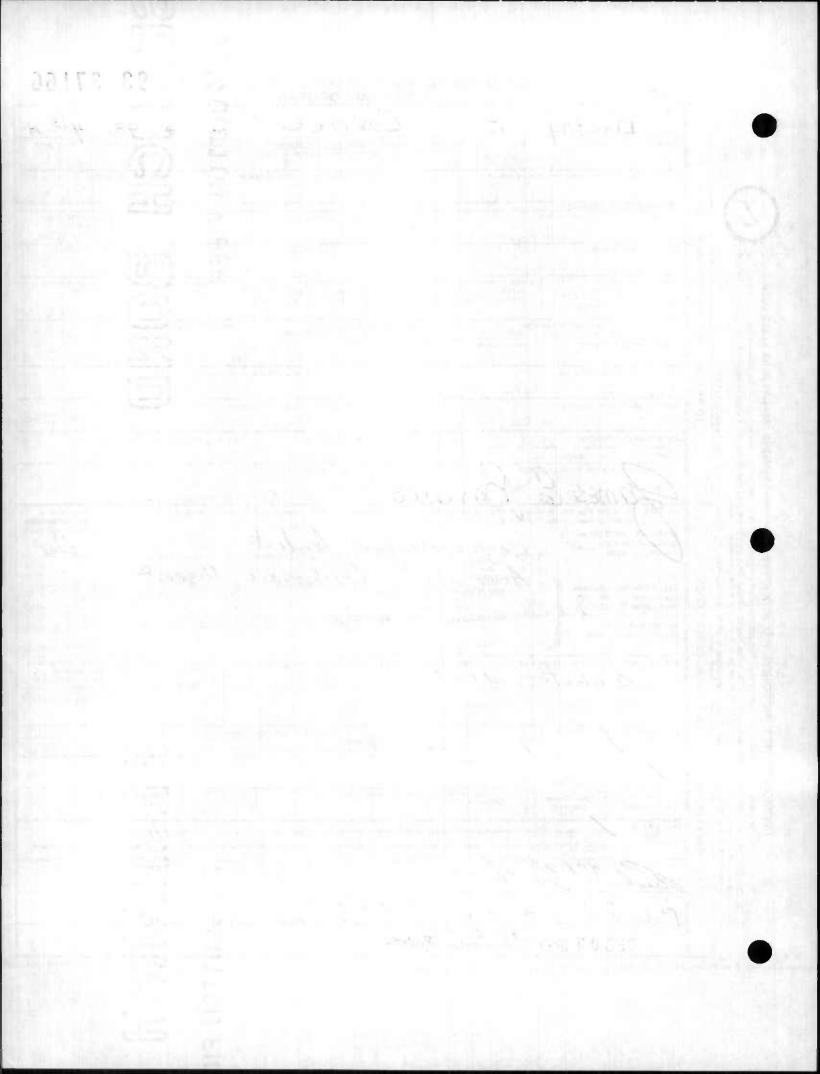
i	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	om State	cametery cren	natory or other	r nlace!	Cemetery	12+4-		ation — chy		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Bas	MA	20) 22. B	name and address of arranco & 95 Ritchie	F FACILITY Sons I	uneral	Home		
NO	23. PART I. Enter the diseases, or compliance, or heart failure. List of interest or condition a	erbro Due to con Arterio	on each line. O Vasc AS A CONSECUTO Sclero	cula UENCE OF):	t enter	Accide Rephro Va	such aa ca	rdlec or reepir	etory erreet	l,	Approximete Interval Between Onset and Deeth Colay
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSECU	JENOE 01).							-/-
MEDICAL	PART II. Other algorificant conditions cont	ributing to dec	th but not re	eauiting in	the u	nderlying cause give	n In Part I.	24a. WAS AN / PERFORI 1 YES 2	WED?	CO OF	PRE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	/			_	00 PM 40F 0F 0F 0F	1 000				
PHYSICIAN:	EXAMINER? HOS	PITAL:	/Outpatient 3 (OTHE!	26. PLACE OF DEATH R: reing Home 5 - Reelde					
BY PH	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	(Month, Day,)		28b. TIME		Y WORK?		28d. DESCRIBE NOW INJURY OCCURED			
		Se. PLACE OF IN building, etc.	JURY — At horn (Specify)	ne, farm, etn	eet, fac	tory, office	28f. LO City	CATION (Street as y or Town, State)	nd Number or	Rural Route	s Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: TO the control of the control of the certifying pnysician: To the certificant pnysician: To the certific										nd menner sa stated,
BE	Delile Smith	el -	0.		10	PS. LICENSE	NUMBER 5 876		29d. DATE 81		onth, Day, Yber)
임	30 NAME AND ADDRESS OF PERSON WHO COM	DI ETED CAUSE C	E DEATH //TEM	1 27) (Tens. (I	la/mtl		0 /	in	7		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1900 Prige) Hickory Ridge

32 REGISTRAR'S SIGNATURE

Julia Daydson

DEC 0 9 1993

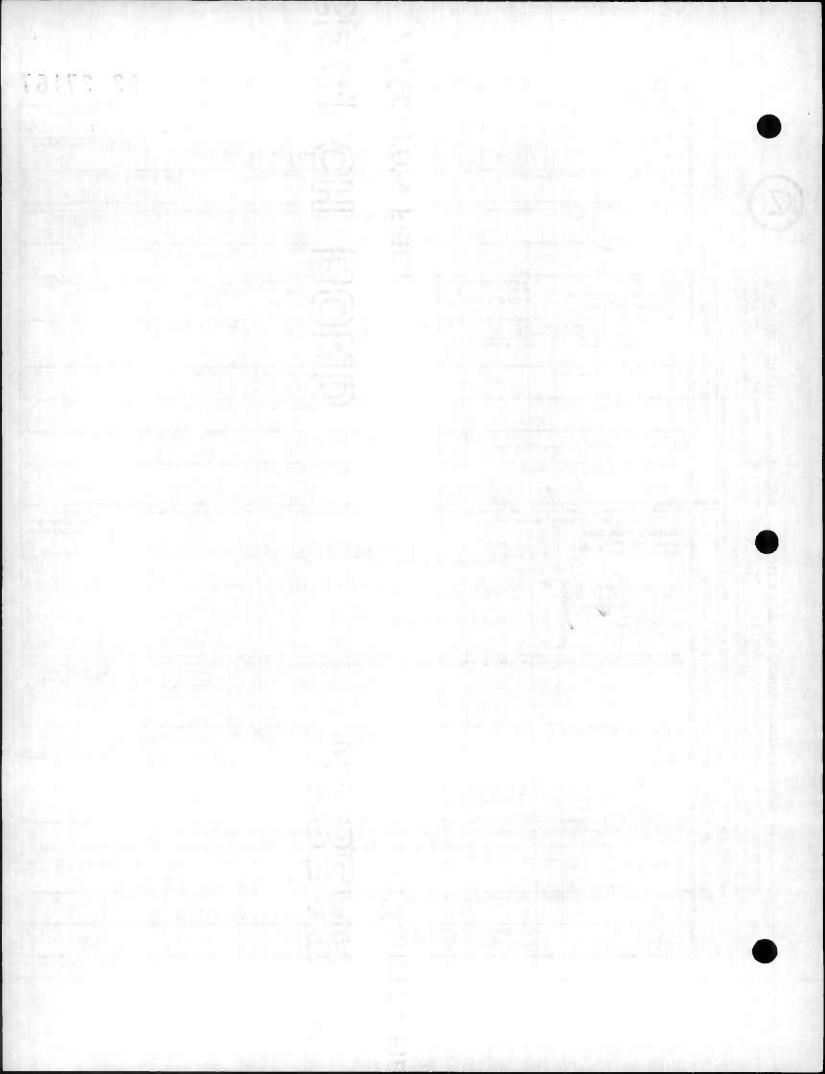


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Abour after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S NAME (First,		Du ala a	DATO						2. DATE OF D	EATH DAY	,1993	3. TIME OF DEATH
D			Brake C			IF UNDER							2:26 A M
	4. SOCIAL SECURITY NUMB 279-09-9431	9-09-9431 1□ M XX F 77						HOURS	24 HMS. MINL	7. DATE OF BI (Mooth, Day 10/7/1	1940) . 6	a. siri Cour Ohi	HPLACE (State or Foreign try)
	90. FACILITY NAME (If not in:					9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH	90	COUNTY OF	DEATH
TOR	Doctor's H		1		-	La	nhai	n				Prince	Georges
m l	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DI	MD 100. STREET AND NUMBER	Prin	ce Georg	ges	(Colle	4,7						1 X YES 2 NO
FUNERAL DIRECTOR	9607 49th					20740					States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3	T EVER IN U.S. AF	NO If yes, specify Cubsn, Mexican, Puerto Rican, stc.)					s or No- 14. RACE — American Indian, Black, White, atc. Specify: White					
0		EDENT'S EDU		16e. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KING	OF BUSINE	SS/INDUSTRY	-
COMPLETED	Elementary/Secondary (0	highest grade	College (1-4 or 5 +5	+)	(Give kind of work done during most of working life. Do NOT use retired.) School Teacher			Elementary Education			cation		
BE CON	17. FATHER'S NAME (First, Mi John Brake	iddle, Last)						1,100,110,110		ME (First, Middle n Welke			
TO B	William Ric		Craig		960	7 49	h P	1200	Co	noute Number, Cl			740
	20a. METHOD OF DISPOSITI 1 A Burlal 2 Crematto 4 Donation 5 Other	20b. PLACE cometery, cre Gree	CEAND DATE OF DISPOSITION (Name of cormetory of other place) een Lawn Cemetery 20c. Location - City Barberton										
	21. BIGHATURE OF FUNERAL SEPACE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Dani o	Dent	= Ha	lland	-	H	ines	-Rina	aldi Ave	Funera Silv	l Hom	e, 118	New New
Z	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	part fallure.	a. CA	RD/O/	RES	DIRI	4TO,	Ry	FA	ILURE			Approximete interval Between Oneat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CEREBRO VASCULAR ACCIDENT 12 hours CEREBRO VASCULAR ACCIDENT 12 hours LESSENTIAL HYPER TENSION DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL	PART II. Other eignifice	nt condition	e contributing to	death but not	reaulting	in the ur	nderlyin	g cause (given in		WAS AN AUT PERFORMED YES 2	07	b. WERE AUTOP5Y FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO) MEDICAL				-	28 PI	ACE OF D	EATH /Ch	eck only one)			
2	EXAMINER? 1 X YES 2 □ NO		HOSPITAL:	T ED/Outpetlant 1	□ 004	OTHE	R:				4.7		
PHYSICIAN:	27. MANNER OF DEATN	Pending	26e. DATE OF (Month, L	MJURY	28b. TIN		25c. INJ WO			8 Other (Spe 28d, DESCRIB		INJURY OCCURED	
ED BY	3 Suicide 6 G	Could not be	28e. PLACE (building,	OF INJURY — At he etc. (Specify)	ome, ferm,	street, fac	_			26t. LOCATION City or Tox		Number or Rural	Floute Number,
COMPLETED			CIAN: To the best of R: On the best of s										(e) end manner ee stated.
	29b. SIGNATURE AND TITLE								ENSE NUN				D (Month, Day, Year)
TO BE	all of	Am	nen	HD.			d/		136		j i	12-	6-93
	30. NAME AND ADDRESS OF	PERSON WH	SSA	SE OF DEATH (ITE			7 12	000		201	0	26-	24 051 410
	31. DATE FILED (Month, Day,	Year)	@ 32. REGISTRA	AR'S SIGNATURE		791.	/	ME	MOO	DRD	066	-EGE	17 has
	DFC 1 0 19	193	Julia David	son-Mande	02		51						20140
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Maryland

10e. STREET AND NUMBER

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CERTIFICATION

MEDICAL

PHYSICIAN:

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the attending physician Mental Hygiene prior to

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FOR STATE REGISTRAR	STATE OF	93	3 37168					
DECEDENT'S NAME (First, Middle, Li	Cati	B. Car B ARK	r			2. DATE OF DEATH DAY DEC 1	YE 1991	1 1 2 5 5
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthday)		YEAR IF UNE	ER 24 HRS.	7. DATE OF BIRTH		SIRTNPLACE (State or Foreign
577-26-5229	1 🗆 M 2 🔀 F	96 yrs.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year)		Jack DC

9a. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital RESIDENCE OF DECEDENT

9b. CITY, TOWN OR LOCATION OF DEATN Silver Spring

9c. COUNTY OF DEATH Montgomery

18c. CITY, TOWN OR LOCATION Montgomery

10d. INSIDE CITY Silver Spring 1 2 YES 2 NO

10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 20903 United States

11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3- Widowed 4 Divorced

13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes of if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify:

14. RACE — American Indian, Black, White, atc. Specify: White

15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerk

U.S. Government

16b. KIND OF BUSINESS/INDUSTRY

17. FATNER'S NAME (First, Middle, Last) Willard T. Bryan 18. MOTHER'S NAME (First, Middle, Maiden Surname)

19a. INFORMANT'S NAME (Type/Print)

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 907 Tracy Dr. Silver Spring Md. 20904

Lester Carr

20s. METHOD OF DISPOSITION
1 ☐ Burlet 2 ☐ Cremetion 3 ☐ Removal from State 4 Donation 8 Other (Specify)

20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State offic Lincoln Crematory 12-3-93 Brentwood, Maryland

21. SIGNATURE OF FUNDRAL SERVICE LICENSEE awience

ahock, or heart failure. List only one cause on each line.

22. NAME AND ADDRESS OF FACILITY Hines Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring Md.

IMMEDIATE CAUSE (Finsi disease or condition resulting in death)

N	E	mon	IA	
ENCE	E 0	F):		

interval Between Onset and Death 7 4 days

Investigation

8 Could not be

DUE TO (OR AS A CONSEQUENCE OF):

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

DUE TO (OR AS A CONSEC

CARDIO RESPITTE FAILURE

Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST

PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 OF NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 TYES 2 NO

27. MANNER OF DEATN

1 Natural

2 Accident

3 Suicide

26. PLACE OF DEATH (Check of HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

nly	one)			Ī
	100	-		Ī

4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

Dyne

4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

ND

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

	,	2	MEDICA	L EXAMINER
29h	SIGNATURE	ANO	TITLE OF	CERTIFIER

t: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and menner as stated. 29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 12-2-

anley 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

MOHAMMAN 1299- Lamber KHAUDMB 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

lia Davidson-Randell

DHMN-18 Rev 1/89

be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Раде 6 тау after death.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, 136 ATTENDING PHYSICIAN:

TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 NO. 1MPORTANT: If It

OR

CLEAN RANGE

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	led in by the funeral director, page 5 should be detached for use as the burial-transit px, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Present filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burlat, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		SIAIE UF I			RTMENT OF			MEN	TAL HYGIEN REG. NO		J	37169
:85	1. DECEDENT'S NAME (First,	, Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
7).	Jawahar	Lal	Chat	terjee						Z O	a i	993	03/54
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs	last birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. D	ATE OF BIRTH	<i>S</i>		HPLACE (State or Foreign
9	578-04-8186		1 XM 2 - F	80	YRS.	MONTHS DAYS	HOURS	MIN.	Au	gust 17	,1913	Count	
	9n. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF I	DEATH
DIRECTOR	Suburban Ho						Beth	esda				Mont	tgomery
E S	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION						10d, INSIDE CITY
	Maryland		Montgome	ry		E	Burton	nsvi	lle				LIMITS?
FUNERAL	10e. STREET AND NUMBER					1 1	IOF. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
Ü	14537 Perry	wood D						2086	6			Ir	ndia
F.	11. MARITAL STATUS 1 Never Married 2 🔯	Atumina	12. WAS DECEDEN	T EVER IN U.S.	ARMED NO	13. WAS D	ECENDENT	OF HISPA	NIC OR	IGIN? (Specify Yes	or No-	14. RAC	E — American Indian, ck, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES			S 2 X NO			, , , , , , , , ,		Spec	
		EDENT'S EDU		16a.	DECEDENT'S	USUAL OCCUPA	TION		$\overline{}$	16b. KIND OF BU	SINE CC/IN	HISTOV	ASIAN
ET	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done during i se retired.)	nost of worki	ing		THE KIND OF BU	JINE 33/IN	JOSINI	
COMPLETED			5+	"	Phy	sician				Publi	с Не	alth	
ő	17. FATHER'S NAME (First, M.	iddle, Last)					18. MOT	HER'S NA	ME (Fi	st, Middle, Maiden	_		
BE (Hira Lal	Chatt	erjee				Sa	gor	Mor	ni Devi	Mukh	erje	e
0	19a. INFORMANT'S NAME (7)	The state of the s								lumber, City or Tow			
-	Bani Chatter	3			14357	Perryw	ood D	rive	, E	Burtonsv	ille	, MD	20866
1	20a. METHOD OF OISPOSITI 1 □ Burlei 2X Crematio	n 3 🗆 Rem	oval from State	20b. PLA	CEAND DATE	OF DISPOSITION (Name of 1	2/3/	939	ATE 20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		Yange .	Mont	gomer	y Crema	toriu	m, I	nb.	Bet	hesd	a, M	aryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC) 4/			HOMA	/Rath	SS OF FA	CL	Robert evy Cha	A. P	umph	rey Funeral
	Muche	le E	1. Kul	ALUS .	348	Wisc	onsin	Ave	nue	, Bethe	sda,	MD	20814-3501
	23. PART I. Enter the di shock, or he	seases, or c	complications that List only one cau	t caused tha	daath. Do	not entar the π	oda of dy	ing, suc	h as c	srdiac or reapl	ratory sri	rest,	Approximata
	IMMEDIATE CAUSE (Fin												to be a second office of
		al		-		1.							Interval Between Onset and Death
	disesse or condition resulting in death)	→	· ~	runte	m	failn	e	_					
		→	a. OUE TO	OR AS A CON	SEQUENCE O		1-				0		
NOI	resulting in death) Sequentially list conditi	ons,	ь	Mym	SEQUENCE O	atmi	1-	zako	mn	on dris	nl.		
ATION	resulting in death) Sequentially list conditi if sny, leading to immediates. Enter UNDERLY!	ons, diate	ь	OR AS A CON OR AS A CON	SEQUENCE O	atmi	1-	polo	MA	on dies	rl		
IFICATION	resulting in death) Sequentially list conditi if any, leading to immed	ons, diate	b. DUE TO	Mym	SEQUENCE O	atmi	1-	polo	m n	on dies	nd.		
ERTIFICATION	resulting in death) Sequentially list conditi if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or Inju	ons, diate NG ry	b. DUE TO	Mymi (OR AS A CON	SEQUENCE O	atmi	1-	polos	m n	on Shis	2		
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4	resulting in death) Sequentially list conditi if smy, leading to immediates. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS* PART II. Other significants 25. WAS CASE REFERRED-TO	ons, diate NG ry	DUE TO DUE TO d. HOSPITAL: 12 inputiant 2 to 260. OATE OF	(OR AS A CON OR AS A CON Gentle of the control of t	SEQUENCE O SEQUENCE O SEQUENCE O DE resulting	P): P): OTHER: 4 Nursing No	ng cause	given in	Part I	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?		D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	PART II. Other signification of the Examiner? 25. WAS CASE REFERRED TO EXAMINER? 1 YES & NO 27. MANNER OF DEATH 1 Natural 5 1 1 Accident 3 Suicide 6 1 1	ons, diate NG ry T	DUE TO d. DUE TO d. HOSPITAL: 12 Inpetient 2 26e. OATE OF (Month, D)	(OR AS A CON (OR AS A CON death but no	SEQUENCE O SEQUENCE O SEQUENCE O Dt resulting 29b. Tim	26. POTHER: 4 Nursing Ho E OF LER. # MINING HO URY M 1 1	ng cause PLACE OF Come 5 - Rivary AT ORKY YES 2 [given in	Part I	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	CUREO	Onset and Death D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 VIES & NO
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Julia Davidson-Randalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page were the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared mentions after death with the State Dept. of Health and Mental Hygiene prior to burist, ementions after death with the State Dept. of Health and Mental Hygiene prior to burist, ementions after death with the State Dept. of Health and Mental Hygiene prior to burist, ementions are miner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND		GIENE G. NO.	3	3/1/0
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	COOPER	JR.			2. DATE OF DE MONTH DEC.	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	тн Т	8. BIRTHPL.	5:45 A. M
	263 40 0480 9a. FACILITY NAME (If not institution, give a	1 X M 2 F	65 YRS.		OR LOCATION OF DE	Nov. 24	,1928		mi, FLa.
8	9062 Pickwick V				Spring	EAIH		tgome	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCAT			1 1101		Dd. INSIDE CITY
占		tgomery	Si	lver Sp	ring				LIMITS? YES 2 NO
FUNERAL	9062 Pickwick	7. 1.1 M		101	. ZIP CODE				AT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	20901 ENDENT OF HISPAI	VIC ORIGIN? (Spe	cify Yea or No-	14. RACE -	States American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 🔯 YES	DATES		ecify Cuban, Maxica 2 NO Specif		etc.)	Specify:	Yhita, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION	Conflict 16a. DECEDENT'S U	SUAL OCCUPATION	DN .	16b. KIND	OF BUSINESS/INDU		Black
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sr. Corr		_	r D	.C. Jail		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1011 0011	ccciona	18. MOTHER'S NA				
BE C	FRED COOL	PER					A MACKEY		
2	19a. INFORMANT'S NAME (Type/Frint) MINNIE OWENS — (COOPER	9062	oppress (Street e Pickwich	nd Number or Rural I	Route Number, City e Terr.	or Town, State, Zip o Silver	Sprin	g,MD.20901
	20a. METHOD OF DISPOSITION 1 🗵 Burlal 2 🗆 Creptation 3 🗎 Ram	oval from State	b. PLACE AND DATE OF	DISPOSITION (Na			20c. LOCATION — C		0.
	4 Donation 6 Other (Specify)	F	t. Lincol	n Cemet	ery 12	/9/93	Brentw	ood,	MD.
	Harv	KY	all	McGu	ire Fune	eral Sei	rvice Inc		
$\overline{}$	23. PART I. Enter the diseases, or c shock, or heart failure.	complications that cause	ed the death. Do no	t enter the mo	de of dying, suc	h as cerdiac o	V., Washir r reaplratory arre	igton	DC 20012
	IMMEDIATE CAUSE (First disease or condition	List Offiny Office Cause Off	each line.						Onset and Death
	resulting in death)	a. Anemia	A CONSEQUENCE OF):						3mos.
S	Sequentially list conditions,	. Thromb	OCYTOPENI A CONSEQUÊNCE OF):	a					3mos.
CAT	if any, leeding to immediate cause. Enter UNDERLYING		c Myelo -		tic Leuk	emia			lYr.
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
		d							
CAL	PART II. Other algoriticant condition Carcinoma of Re		but not resulting in	the underlying	cause given in	F	MAS AN AUTOPSY PERFORMED?	AM	ERE AUTOPSY FINOINGS AILABLE PRIOR TO OMPLETION OF CAUSE
MED						- '-	YES 2 NO	OF	DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chi				
PHY	27, MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU			HOW INJURY OCCU	JRED	
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e PLACE OF INJUS	Y — At home, farm, str	M 1 🗆 Y	ES 2 NO				
E	4 Homicide 6 Could not be determined	building, etc. (Spe	ecify)	eet, tactory, office		City or Town	(Street and Number o , Stete)	r Runai Riputi	Number,
COMPLETED		CIAN: To the best of my known R: On the basis of examination							
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				onth, Day, Year)
TO BE	Jeremy 8.	Cooke	m		D 04	602	•	12/5	
	JEREMY V. COOKE.				Tr				
	JEREMY V. COOKE,	32. RECISTRAR'S SIGNAL DAVIDSON—1		cutt Ave	, Kens	ington.	Maryland	1 208	95
	DEC 1 0 1993 3	municipal-1	milan						

1 ¢ **

Pages 1, 2, 3 permit. use as the burial-transit horpital or attending physician. Po be detached retained by the the funeral director, page 5 should ours after death. Page 6 may filled in by 6 cremation, n and completely fi to burial, cremation 2 the attending physician Mental Hygiene prior to death certificate be law requires that the signed by the

BALTIMORE, MARYLAND 21215-0020

should

once. Ħ notified 9 must examiner medical the state event, traumatic 10 any shows a has been a Dept. of h 23 Item certificate to the State ATTENDING PHYSICIAN: with t marked, After death 60 DIRECTOR: 28 tem DR FUNERAL I within 72 h ITANT: If I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ANDREW V. 3. TIME OF DEATH CHAVIS YEAR WOTENA 210AH NOON Dec. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday 7. DATE OF BIRTH (Month, Day, Year)
DEC. 24, 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign HOURS DAYS 1 M 2 F 68 246-24-6606 1924 NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1006 MERRIMAC DRIVE 20903 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 NO 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 X Divorced WWII WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) ELECTRICIAN 12 COUNTY SCHOOL SYSTEM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) AMBROSE CHAVIS BLANCHE BE MORGAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LOIS 821 DUNBROOKE COURT, FREDERICK, MD C. DALTON 21701 20s. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State PARKLAWN CEMETERY 12/9 4 Donation 5 Other (Specify) ROCKVILLE, MD 22 NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2 Benufer 300 UNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) arteur ac 200 Desca so Pava DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: | ER/Outpatient 3 | DOA EXAMINER? OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF-CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 16 DOC 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 WISCOM 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) a Davidson-Randall 9 1993

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-00	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buble within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be executed w	cian and comport to burial, co	raumatic eve
P.O. B(th certificate	ending physic Hygiene pri	or other tr
SONO,	that the deat	d by the atte	ny Injury.
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NOF	NG PHYSICI	ter this cer ath with th	marked, c
VISIO	R ATTENDIR	RECTOR: At	m 28 is 1
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	TO THE HO	TO THE FUI	IMPORTAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN		3 3 1 11 1 2
1000	1. DECEDENT'S NAME (First, Middle, Last)	1 DAVII	JR	(m.n. M	orris)	2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF DEATH 4,30 A M
	ATTACAMA TATACAS	75 M 2 □ F	74 YRS. *	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) Feb. 28,	1919 Per	HPLACE (State or Foreign Insylvania
TOR	50 Bell Road RESIDENCE OF DECEDENT	of and number)		West	ninster	EATH	ec. COUNTY OF	
DIRECTOR	10a. STATE 10b. COUNTY	roll		TOWN OR LOCATI				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e, STREET AND NUMBER		, ,,	-	ZIP CODE			WHAT COUNTRY?
BY FUNERAL	50 Bell Road 11. MARITAL STATUS 1 Never Married 2 Married 3/32 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? (XXYES IF YES, GIVE WAR OR DATE WWW. II	2 NO	If yes, spe		NIC ORIGIN? (Specify Ver in, Puerto Rican, etc.)	Spe	States E — American Indian, ok., White, etc. Oily: Arite
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		life. Do NOT use	rk done during mos retired.)	of working		SINESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Prof	essor	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	tion
0 5	William Morris Dav	id	19b. MAILING A	DDRESS (Street an		es Cutler Route Number, City or Tow	n, State, Zip Code)	
	Judith David Floyd 20a. METHOD OF DISPOSITION MXBurlel 2 Cremetton 3 Remov	20b. I	PLACE AND DATE OF		ne of	OATE 20c. LO	06333 CATION — City or	
	4 Donation 5 Other (Specify)	Wes	tery commetory or other Laurel	22. NAME AND	ADDRESS OF FA		ladelphi	a, PA
	Swant	Takester !	duero	91 Wi:	Funeral lis Str	eet, Westm	inster,	MD 21157
	23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chemi	the death. Do not chilling.	leath	2		ratory arrest,	Approximate Interval Between Onset and Death
HILLAHON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	ma)	milti	forme		173
	d. PART II. Other aignificant conditions	contributing to death bu	t not resulting in	the underlying	cause alves la	Part I. 24a, WAS AN	Almoney To	b. WERE AUTOPSY FINDINGS
MEDICAL				The underlying	cause given in	PERFOR	MED?	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	CE OF DEATH (Ch	eck only one)		
DI PRITS	1 VES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 26c. INJU	RY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUREO	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, larm, atro		10.	281, LOCATION (Street of City or Town, State)	and Number or Flural	Ploute Number,
COMPLEIED		AN: To the best of my knowle On the basis of exemination						(a) and manner as stated.
0 00	200 MONATURE AND TITLE OF CERTIFIER	mille	pro		29c. LICENSE NUM DO4	18 278	29d. DATE SIGNE	0 (Month, Day, Year) 10 - 93
	30. NAME AND AGORESS OF PERSON WHO	TRIFEIN	TH (ITEM 27) (Type, P	19	Ridgek	Westn	nok	Md 21157
	DEC 1 0 '93	fulle series	Mandell					

TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It leem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	with	nplet	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Ven
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I			TMENT OF I			MENTAL HYGIEN	_	93	37173
1. DECEDENT'S NAME (First,		OWARD RU						2. DATE OF DEATH DECEMBER		O ČEAN	3. TIME OF DEATH 6:30 A M
4. SOCIAL SECURITY NUMBER 279-74-5608	DER	5. SEX 1 M 2 F	6. AGE (In yrs. In 31		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 7, 1			IPLACE (State or Foreign
9a. FACILITY NAME (II not in NATIONAL INS	STITUTE	ES OF HE.	ALTH		BETHES		N OF DE	ATH		NTY OF D	
RESIDENCE OF DEC											
VA	ARLIN			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITE? 1 YES 2X NO
1301 S. SCO	OTT STE	REET, #7	29		10	r. zip code 2	220	4	10g. CIT		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo			IT EVER IN U.S. AI YES 2 A NAR OR DATES		If yes, sp	CENDENT OF Cuben, 2 X NO	, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc. hy: WHITE
(Specify only	EDENT'S EDUC y highest grade		(6	ECEDENT'S Give kind of v	USUAL OCCUPATION	ON ost of working		16b. KIND OF BU	SINESS/INC	USTRY	***************************************
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		NAGER			гон	EL		
17. FATHER'S NAME (First, M CAROL LE(RUGGE						ME (First, Middle, Malden Y DAWN RUN			
190. INFORMANT'S NAME (7) GREGORY SCO		LMS	19	b. MAILINO	ADDRESS (Street (Acute Number, City or Tow AS #10	n, State, Zip	Code)	
20e. METHOD OF DISPOSITI		oval from State	206. PLACE	AND DATE (OF DISPOSITION (No.	ame of	rem	12-9 Laux	CATION -	City or To	wn, State
21. SIGNATURE OF FUNERAL		ENSEE	0	11010	22. NAME A				. ст,	rial y	Tallu
> Clee	en G	W. K	app		Rapp	Funer	ral	Services,	P. A		MD 00010
23. PART I. Enter the di	seesea, or c	omplications the	t caused the de	eath. Do n	not enter the mo	de of dyln	g, suci	ue, Silver	ratory arr	eat,	MD 20910 Approximate
IMMEDIATE CAUSE (Fin		lat only one cer			11: 1 -	Δ.					Interval Between Onset and Death
disease or condition reaulting in death)	→ .	Aleu	monic	11/1	Hontron	ofly.	ugh	one			2 uks
Sequentially list conditi			S (U)	OUENCE OF	me Bo	wki	HF !	s type			y mo.
cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated eventa- resulting in death) LAS	ng o		OR AS A CONSE		IV inf	ectra	~				
PART II. Other aignifice	nt conditions	contributing to	death but not	resulting I	n the underlyin	n course of	una la	Part I. 24s. WAS AN			
					in the underlying	y couse yi	ven m	PERFOR	RMED?	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
								_			1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL				26. PI	ACE OF DE	ATH (Che	ock only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Resi	Idenca	6 Other (Specify)			
	Pending	26a. DATE OF (Month, D		28b. TIMI INJ	URY WO	URY AT PRK?	NO	28d. DESCRIBE HOW I	NJURY OCC	CURED	
3 Suicide 8	restigation Could not be determined	28e. PLACE C building,	F INJURY At he etc. (Specify)	ome, ferm, a	treet, factory, offic			281, LOCATION (Street City or Yown, State)	and Number	or Rural F	loute Number,
								to the cause(e) end mai) end manner ee stated.
296. SIGNATURE AND TITLE	menl	fal	~			29c. LICEN		D. (.)	29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF RETROY	Parker		9000 R	OCKV	Print) ILLE PIK	E, BE	THE	SDA, MD 2	0892	1	
DFC 1 0 19	93 3	22. ABOUTTE	- Mandels	2							

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

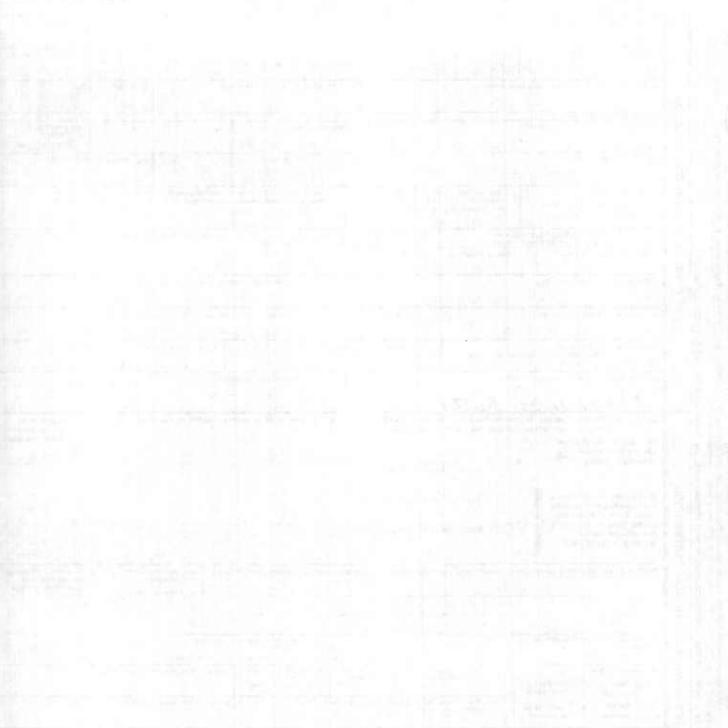
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	
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South Sout	1. DECEDENT'S NAME (I	First, Middle, Last	0				-		2 DATE	OF DEATH		3. TIME O	E DEATH
4. BOCAL SECURITY WARRER OF A SET OF SECURITY BUT DISTRICT MAY FROM THE DESCRIPTION OF TH				Dow	ina				MONT	H DA		rear .	
SA. PACLE AND ALEXA FOR PERSONNEL CONTROL OF PROCESS OF						IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			-
STATE TO MANAGE (First similations, give sizered and number) 3714 Leland Street Chevy Chase Chevy Chase Chevy Chase Montgomery Maryland Montgomery Montgom	015-28-770	00	1 M 2 F			MONTHS	DAYS		(Mont	h, Day, Year)		Country)	
3714 Leland Street No. STREET AND NUMBER 100, CITIZEN OF WHAT COUNTRY	Sa. FACILITY NAME (If n	ot institution, give	atreet and number)	33		9b, CITY,	TOWN C	OR LOCATION OF D	-	0,100			3666
The STREET AND HUMBER 3714 Leland Street 12. WAS DECEMENT STRIPS 1 MARKET ST	3714 Tel:	and Sta	reet				C	hours Cha					
10. STREET AND NUMBER 3 1/4 Leland Street 12. WAS DECIDENT EVER IN U.S. ADMED 13. NAS DECEDENT OF HEAVIER OF DIRECT IN U.S. ADMED 14. NAMENTA STATUS 15. NAME DECEDENT STATUS 16. NORCEST 1/3/ YES 2 NO 17. YES 2 NO 17. YES 2 NO 17. YES 2 NO 18. NAME DECEDENT NAME (Park Name or No. 18. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2. Admental name or No. 2. No. 2	RESIDENCE OF D	PECEDENT					CI	nevy Cha	ise		M	lontgome:	ry
3714 Leland Street No. STREET AND NUMBER 100, CITIZEN OF WHAT COUNTRY	10a. STATE	10b. COUN	iTY		10c. CIT	Y, TOWN OR							
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TYES 2 (XNO Speech; White Speech; White Speech; White Speech; White Speech;	3/14 Lelar	a Stre											
White S. DECEDENT'S EDUCATION Specify only highway grace complained Secure to the state of the state	1 Never Married 2	X Married	FORCES?	YES 2		11	yes, spi	ecify Cuban, Mexic	en, Puerto		or No — 14	Black, White, atc	an India D
15. DECEDENT'S EQUATION (Specify only highest grade complexed) (December of the probability of the probabi	3 Widowed 4 C	Divorced				1	YES	2 NO Spec	ffy;				
Elementary/Secondary (0-12) College (1-4 or 5-) S+	10.1		DUCATION	16a. C	ECEDENT'S	USUAL OCC	UPATIO	ON .	168	. KIND OF BUS	INESS/INDUS		-
Total Francis Dowling The Margaret Laurette Coffey	Elementary/Secondar				le. Do NOT us	se retired.)	ring mo	st of working					
John Francis Dowling 19a. INFORMATIS NAME (TyperPrint) Rita Cannon Dowling 20b. PLACE AND DATE OF DISPOSITION 10 Burdet 2 Commetter) commerce (There is no commenced from State 4) Domeila 5 Other fallows. Part of House Service LICENSEE 4) Domeila 5 Other fallows. Part of House Service LICENSEE 4) Described or completed in the caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Biomedia of Construint of Cons			5+		Plast	tic St	ırge	eon		Privat	te Pra	ctice	
Total Francis Dowling The Margaret Laurette Coffey	17. FATHER'S NAME (Firs	t, Middle, Lest)						18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
Rita Cannon Dowling Rita Cann			ancis Dov	vling				Mar	gare	Laure	ette C	offey	
20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20b. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. PLACE AND DATE OF DISPOSITION Nismes of 12/9/93 DATE 20c. LOCATION — City or Town, Signia 20c. LOCATION —	194. INFORMANT'S NAM			1									
21. SIONATURE OF FUNERAL SERVICE LICENSEE St. Peter's Cemetery Queenstown, Marylan	KILA CAIIII		ing								•	2	208.
21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Fun Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave. Bethesda. MD 2081 4-3501	1 X Burial 2 Crem	ation 3 🗆 Re	movel from State	cemetery, c	remetory or o	(ner place)		, -,	93 DAT				
Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave. Rethesda. MD 20814-3501			ICENOPE	_ St.	Peter								
23. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Approximate the death of the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Metastatic Lung Cancer 3 mont of the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Metastatic Lung Cancer 3 mont of the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Metastatic Lung Cancer 3 mont of the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Metastatic Lung Cancer 3 mont of the mode of dying, such as cardiec or respiratory arrest, shocked or respiratory arrest,	21. SIGNATURE OF POR	A SERVICE L	T/			22. N	AME AN	D ADDRESS OF F	ACILITY]	Robert	A. Pu	mphrey 1	Fun
Approximation in the disease or complication that caused the death. Do not enter that mode of dying, such as cardiec or reapiratory arrest, inharty all both processes or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	1 Keek	Me	4. Keiti	ta M	100348								
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY 28b. TIME OF INJURY XT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. PLACE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. PLACE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. PLACE OF DEATH (Check only one)	Sequentially list con	mediate	b										
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined determined. 244. WAS AN AUTOPSY PARTOR OF DEATH (Check only one) 245. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 245. WAS AN AUTOPSY PARTOR OF DEATH (Check only one) 246. WER AUTOPSY PARTOR OF DEATH (Check only one) 247. WAS AN AUTOPSY PARTOR OF DEATH (Check only one) 248. WER AUTOPSY PARTOR OF DEATH (Check only one) 249. WERE AUTOPSY PARTOR OF DEATH (Check only one) 249. WERE AUTOPSY PARTOR OF DEATH (Check only one) 240. WERE AUTOPSY PARTOR OF DEATH (Check only one) 240. WERE AUTOPSY PARTOR OF DEATH (Check only one) 254. WERE AUTOPSY PARTOR OF DEATH (Check only one) 255. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF INJURY (Month, Day, Veer) 256. INJURY AT WORK? 1 YES 2 NO 266. DESCRIBE HOW INJURY OCCURED 267. INJURY AT WORK? 1 YES 2 NO 267. INJURY AT WORK? 268. DATE OF INJURY AT WORK? 1 YES 2 NO 267. INJURY AT WORK? 269. PLACE OF INJURY — Al home, farm, street, factory, office City of Rown, State)	CAUSE (Disease or		c										
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Morith, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY - AI home, farm, street, factory, office 28e. PLACE OF INJURY - AI home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City of Rown, State)	that initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):							
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Morith, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY - AI home, farm, street, factory, office 28e. PLACE OF INJURY - AI home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City of Rown, State)			d										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		icant condition	ona contributing to	deeth but not	reaulting	In the und	eriying	g cause given in	Part i.				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	<u> </u>											COMPLETIO	ON OF C
Maccident Investigation Maccident													
Maccident Investigation Maccident													
1 Visualization 1 YES 2 NO 2 Accident Investigation 3 Suicide 6 Could not be building, stc. (Specify) 2 Accident Accident 2 Accident	25. WAS CASE REFERRE	D TO MEDICAL	MORRITAL				26. PL	ACE OF DEATH (C	heck only o	10)			
M 1 YES 2 NO Note of the control	1 YES 2 NO			☐ ER/Outpatient	3 DOA		ng Hom	e 5 🎇 Residence	6 🗆 Oth	er (Specify)			
3 Suicide 6 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	27. MANNER OF DEATH		(Month, I		28b. TIM	IE OF JURY M	WO	PIK?	28d. DE	SCRIBE HOW II	JURY OCCUI	RED	
	III I I PORTURE 3			OF INJURY - AI I	ome, farm,	street, factor	y, office	•	28f. LOC	ATION (Street a or Town, State)	nd Number or	Rural Route Numbe	NC .
	2 Accident 3 Suicide 6	Could not be determined	/SICIAN: To the best o	f my knowledge, o					a to the ca	use(s) and men			
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner early	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 M	Could not be determined	/SICIAN: To the best of NER: On the basis of a	f my knowledge, o					a to the ca	use(s) and men			er ee si
II 700. SIGNATURE AND TORK OF FEBRUERS OF A STATE OF STAT	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 N	Could not be determined	/SICIAN: To the best of NER: On the basis of a	f my knowledge, o				leath occured at th	e time, date	use(s) and men	d due to the o	ceuse(s) end menn	
296. DICHATURE AND DATE SIGNED (MOIN). COS. WART D22086 December 6, 1	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 N	Could not by determined	/SICIAN: To the best of NER: On the basis of a	, atc. (Specify) f my knowledge, o examination and/o	r investigatio	on, in my op		eath occured at the	e to the ca	use(s) and men	d due to the c	cause(s) end menn	y. Weer/
296. DICENSE NUMBER 296. DICENSE NUMBER D22086 December 6, 1 30. NAME AND ABDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 M 30. NAME AND AIDRESS	Could not be determined	/SICIAN: To the best of NER: On the basis of a	f my knowledge, examination and/o	r Investigation	on, in my op	nlon, d	296. LICENSE MI D22(e to the ca e time, date MBER	use(s) and men	29H. DATE S	cause(s) end menn	y. Weer/
296. DIGMATURE AND TOPE OF CERTIFIER 296. DICEMBE MUMBER D22086 December 6, 1	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 M 30. NAME AND ADDRESS Frederick	Could not be determined	VSICIAN: To the best of MER: On the basis of a	f my knowledge, of my k	r Investigation	on, in my op	nlon, d	296. LICENSE MI D22(e to the ca e time, date MBER	use(s) and men	29H. DATE S	ceuse(s) end menn HGNED (Month, Day Cember 6	y. Weerj

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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37174



2. DATE OF DEATH

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Mary .	isit Dermit.	

YEAR 4:15A M Charles G. Delaney December 3,1993 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1X M 2 | F Nov. 16, 1909 118 05 6071 84 New Jersey 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 12105 Charles Road Montgomery Silver Spring RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12105 Charles Road 20906 United States use as the burial-trau retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 X YES 2 IF YES, QIVE WAR OR DATES 1 Never Married 2 Merried Specify: White 1 TES 2 NO Specify: BY 3 👿 Widowed 4 🔲 Divorced World War II ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18s. DECEDENT'S USUAL DCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET 20 Elementary/Secondary (0-12) ege (1-4 or 5+) in and completely filled in by the funeral director, page 5 should be detached to burial, cremation, or removal. 2 Operating Engineer Smithsonian Institute 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William B. Delaney BE Anna Bennet notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William J. Delaney 305 Ethan Allen Avenue, Takoma Park, MD 20912 9 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 12-6-93) DATE 20c. LOCATION — City or Town, State must 4 Donation 8 Other (Specify) Parklawn Memorial Park Rockville. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery M00689 Avenue, Rockville, Maryland 20850-2805 medicai 23. Part the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) . Adenocarcinoma of Colon 3 months event, executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) traumatic Metastatic to liver CERTIFICATION 6 weeks Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING signed by the attending physician a Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL amy Urinary tract infection 1 TES 2X NO Shows Prostate hypertrophy 1 TES 2 NO has been a PHYSICIAN: 8 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate I HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: OR ATTENDING PHYSICIAN: 1 TES 2 NO ng Home 8 Ki Residence 6 🗆 Other (Specify) 4 🗆 Ni 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 🔀 Natural 5 Pending M 1 YES 2 ND BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 290. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the est of my knowledge, death occurred at the time, date end placa, end due to the cause(a) and manner ea stated. FUNERAL I HOSPITAL = 2 MEDICAL EXAMINER: On the b TO THE HOSPITO TO THE FUNERA DE filed within 7 IMPORTANT. ition and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and menner as stated. 296. SIGNATURE AND THEE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE December 3,1993 D07471 2 30. NAME AND ADDRESS OF PERSON MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50 W. Edmonston Drive, #207, Rockville, Maryland 20852-1290 M.D. Noone 32 REGISTRAN'S SIGNATURE 4.02

	FOR
-	STATE
	REGISTRAR

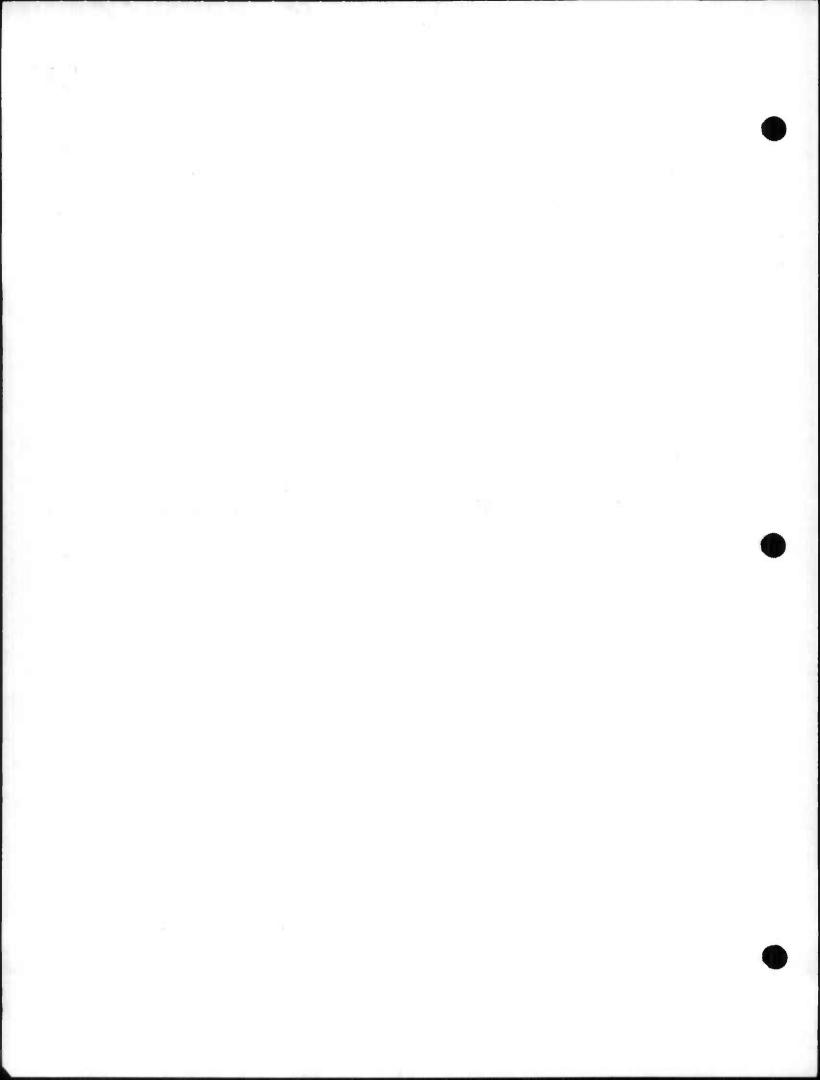
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		S	STATE OF N	AARYL		DEPAR ERTIF						MENTA	NEG. NO				
1. DECEDENT'S NAME (First,	Middle, Lasi)									_	2. DAT	E OF DEATH			3. T	IME OF DEATH
PEARLE		-	OBRICKY									NOV	.28,19	93	RASY		8:00 P. M
4. SOCIAL SECURITY NUMBE	MONITHE DAYS MOUNTS AND (Month, Day bear								th, Day, Year)		8. BIRTH Count		CE (State or Foreign				
577-07-1019		March 15,1910									M	ary	/land				
9a. FACILITY NAME (If not ins								CITY, TOW	VN OR L					9c. COL	INTY OF D	EATN	
Bethesda R		mer	nt & Nu	rsin	ig Co	ente	<u> </u>			(Che	vy C	hase	M	ontg	ome	ery
10a. STATE	le: STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.										10-1	INSIDE CITY					
Maryland Montgomeny Change											LIMITS?						
10e. STREET AND NUMBER 10d. ZIP CODE 10d. CITIZEN OF WHAT											YES 2 NO						
8700 Jones Mill Road 20815 U.S.A.											COUNTRY						
11. MARITAL STATUS			WAS DECEDEN	T EVER IN	IIIS ADI	MED		12 460	DECENI			uc onio	N? (Specify Ye				
1 Never Married 2 I I 3 XWIdowed 4 Divor			FORCES? 1 IF YES, GIVE W	YES	2 XN			If yes,	, specif		Maxica	n, Puerto	Rican, etc.)	e or No—	Spec Wh:	thy:	merican Indian, ita, etc.
15. DECE (Specify only	DENT'S ED	UCATIO	ON piete ell		16a. DE	CEDENT'S	USUA	L OCCUP	ATION			16	b. KIND OF BU	SINESS/IN		_	
Elementary/Secondary (0-			ollege (1-4 or 5 +	,	life.	ve kind of Do NOT u	work do se retire	one during ed.)	most o	working							
12			31		ŀ	nomer	nak	er					own	home	2		
17. FATHER'S NAME (First, Mic	ddle, Last)								16	. MOTNE	R'S NA	ME (First,	Middle, Malden				
Robert C. Ra	aley									Ex	a '	Tipp	ett				
19a. INFORMANT'S NAME (Ty)				-	19b	. MAILING	ADDR	ESS (Stre	et and i				nber, City or Tow	n, State. Zi	Code)		
Gertrude D.	Lone												da, Md				
20a. METHOD OF DISPOSITIO	ON		STATE T	20b.		NDDATE					שכו	DAT		CATION -		wn. s	itata
1 MDBurial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (moval	from State	cem	elery, crer	matory or o	ther ola	ice)			, 3	1		hing			
21. SIGNATURE OF FUNERAL	SERVICE L	ICENS	F 0/	21	. 01.	-100	_	22. NAME					was	ning	con,	υ.	0.
1 Semi	se	R	B Ob					DeVo 2222						. Was	hine	etc	on,D.C.
23. PARP I. Enter the dis	0080S, OF	comp	olications the	ceused	the de	eth. Do	not en	ter the	mode	of dying	g, suci	h as car	diac or resp	iratory ar	reat,	500	Approximate
IMMEDIATE CAUSE (Fine	art fellure	. Liat	only one ceu	se on ea	ich line.									•		l	Interval Between Onset and Death
disease or condition			pneumo	nia													Court of the court
resulting in death)		a			CONSEC	UENCE O	F):									-	days
	_		cerebr					ase								İ	months
Sequentially list condition if any, leading to immediate		b	DUE TO	OR AS A	CONSEC	UENCE O	F):									\rightarrow	
cause. Enter UNDERLYIN	IG		atrial	fib	fibrillation									ĺ	years		
CAUSE (Disease or injur- that initiated events	y	с			R AS A CONSEQUENCE OF):									+	years		
resulting in death) LAST		a															
		u														_	
PART II. Other significen	condition	na co	ntributing to	deeth be	ut not re	esulting	In the	underly	ying ce	euae giv	en in	Part I.	24a. WAS AN PERFOR		24b.		E AUTOPSY FINDINGS LABLE PRIOR TO
													1 TYES 2	⊠ NO		COM	PLETION OF CAUSE
																	YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	MC	SPITAL:				-		PLACE	OF DEA	TH (Che	ock only o	ne)				
1 TES 2 XNO			Inpetient 2	ER/Outp	stient 3	□ DOA		IER: Numing H	lome 5	5 □ Resid	dence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH			28a. DATE OF (Month, Da			28b, TIM	E OF	28c.	INJURY WORK?	AT		28d. DE	SCRIBE NOW I	NJURY OC	CURED	_	
1 Netural 5 P	ending restigation	ė.		/			N			2 🗌 !	МО						
3 Suicide 8 C	ould not be	ľ	28s. PLACE Of building,	F INJURY	— At hor	me, farm,	street,	factory, o	ffica			281. LOC	CATION (Street I	and Numbe	or Rural F	Route i	Number,
	eterminad			or justice	-77							uny	or Town, State)				
29a. CERTIFIER	FYINO PHY	SICIAN:	To the best of	my knowl	edge, des	th occum	ed at th	he time d	lete end	I place as	nd due	to the co	use(s) and me		64		
) and	manner as stated.
29b. SIGNATURE AND TITLE (-/-	11/		W7-				, ,,,,,,,,,,					and proce, an				
N/V	V	7/	1/2	19 K	1.1				29	c. LICENS	-						th, Day, Year)
20 NAME AND ADDRESS OF		1/1					_			4	37	_		I	lov.	28	. 1993
Daniel V V								- A		NT TT	T T	_1. •		D C		100	
Daniel V. Yo		100					:LT	s AV	е.,	M·M·	, Wá	asni	ngton,	ש.כ	•		
DEC 0 7 19)U.3	4	Na David	S SIGN	XUPEL.	200											
DEC 0 / 19	777	0		- 111	4												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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TO THE HUSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	2 2	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	REGISTRAN			CUIII	ICALE	- 01	DEATH		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Iris	D'Ant	uono	o					OF DEATH		YEAR	TIME OF DEATH 12:25 PM	
	4. SOCIAL SECURITY NUMBER	st birthday)	F UNDER	UNDER 1 YEAR F UNDER 24 HRS.			OF BIRTH		S. BIRTHPL	ACE (State or Foreign			
	577-34-2578	1 M 2 N F	65	MONTHS DAYS HO			HOURS MIN.	04: 4 O- 14 1			Country) Ohio		
	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	OR LOCATION OF D		, 0, 20	9c. COUN	TY OF DEAT		
S.	9737 Hedin Drive				Silv	er	Spring,			Mont	gomer	V	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT												
IRE					Y, TOWN O							d. INSIDE CITY LIMITS?	
۵	Maryland Montg	omery		Sir	ver S	-						YES 2 NO	
RAI	10e. STREET AND NUMBER					10	1. ZIP CODE					T COUNTRY?	
N	9737 Hedin Drive	T.,			-		20903			US			
BY FUNERAL	1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	YES 2 K			If yes, sp	CENDENT OF HISPA Decity Cuben, Mexic 3 2 A NO Speci	en, Puerto F	7 (Specify Yes lican, etc.)	or No—	14. RACE — Bleck, W Specify:	American Indian, Thite, atc. White	
ED	15, DECEDENT'S ED		16a. DI	ECEDENT'S	USUAL O	CCUPATI	ON	16b.	KIND OF BUS	BINESS/INDU	JSTRY		
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8 +) III	Do NOT u	work done (se retired.)	during mo	ost of working						
립	12		Nu	triti	ionis	t		Mo	ntgome	ry Co	ounty	Food Prog	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				777		18. MOTNER'S NA	AME (First, A	fiddle, Malden	Sumame)			
BEC	_ John Kumzman						Alice	Brink	man				
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street i	and Number or Rural	Route Numb	er, City or Town	n, State, Zip	Code)		
2	Ray D-Antuono		9	737 I	ledin	Dr	ive SIlv	er Sp	ring,	MAry.	land	20903	
	20s. METNOD OF DISPOSITION 145 Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from State	206. PLACE cometery, cri GATE	ceand Date of Disposition (Nome of corematory or other place) e of Heaven cemetery 12/6 Silver Spi					oring, Marylan				
	21. SIGNATURE OF FUNERAL SERVICE L	(//	22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi 11800 New Hampshire Avenue Silver Spring, MAryland 20904							i Fun	eral Home		
												Approximate interval Between Onset and Desti	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other aignificant condition	na contributing to	death but not	reaulting	in the un	deriyin	g cause given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
MEDICAL									1 [] YES 2	□ NO	OF	OMPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH (C	heck only on	0)				
ž	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	4 Nun		ne 5 🗆 Residence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF (Month, Di		28b. TIR	AE OF JURY M	W	JURY AT ORK? YES 2 NO	26d. DES	CRIBE HOW I	NJURY OCC	URED		
2 Accident Investigation							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				e Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIONE) 2 MEDICAL EXAMIN	SICIAN: To the best of ER: On the bests of an										nd manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	ER O	1				29c, LICENSE NU	MBER		29d. DATE	SIONED (M	onth, Day, Year)	
BE	Tschel	le (1	M	~	2		D450	014		D 12	16/0	73	
2	30 NAME AND ADDRESS OF PERSON W Isabella Martire,					p D	r. Olnev	Man	vland	2083	2 Sui		
	31. DATE FILED (Month, Day, Year)	/B2. REGISTRA	R'S SIGNATURE			1		,	,				
	DEC 0 7 1993	gulia Davi	dson-fano	tell									

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use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 10 funeral director, page 5 should be detached 2 Page 6 may t the or removal signed by the attending physician and completely filled in by it Health and Mental Hygiene prior to burlal, cremation, or remo death certificate be been of P has be Dept. The law r this certificate his with the State C OR ATTENDING PHYSICIAN: After DIRECTOR: hours after of FUNERAL WITHIN 72 H HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1. DECEDENT'S NAME (First, Middle, Last) MICHAEL JOSEPH D'ANTUONO 2. DATE OF DEATH Michae JUON! 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Full Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 24 YRS. DAYS 1 M 2 F 578-38-8635 APRIL 29,1914 WASHINGTON, D.C Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL MONTGOMERY SILVER SPRING 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20901 810 LANARK WAY USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE - American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2XX Merried BY 1 TES 2 NO Specify: Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high nentary/Secondary (0-12) ge (1-4 or 5 +) ENGINEERING TECHNICIAN FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) MATTEO D'ANTUONO BE SANTA NORCIO 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 CARMELA D'ANTUONO 810 LANARK WAY SILVER SPRING, MARYLAND 20901 24e. METHOD OF DISPOSITION
1 Display Suriel 2 Cremation 3 Removal from State
4 Donation 5 Display (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Millural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the beste of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 38 0 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) DIPO. Print) 31. DATE FILED (Mon 34. REGISTRAR'S SIGNATURE 1993 0 ha Devidson Randell

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	rithin	letter	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ant,	١
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	FOR 1 - STATE REGISTRAR		STATE OF MAR		/ DEPAR				MENT	AL HYGIEN REG. NO.	E S	3	37179
	1. DECEDENT'S NAME FIRST	h	W. DE	ins	S. IR.				2. DATE OF DEATH DAY - 95 3 12 3. TIME OF DEATH 3				
	214-36- 9a. FACILITY NAME (If not in	4417	1 M 2 🗆 F	5 ²		MONTHS DA	YS HOURS		MA.	RCH 19		Countr	SHINGTON, DC
TOR	HOLY CR		OSPITAL				VER S					NTGO	
DIRECTOR	10a. STATE	106. COUNTY	,		10c. CITY	TOWN OR LO	DCATION						10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	MC	NTGOMERY		S	ILVER							1 - YES 2 NO
FUNERAL	412 BRE	WSTER	AVENUE				10f. ZIP CO		901		10g. CIT	USA	HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo	Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 💢	NO	If yes	DECENDENT I, specify Cui YES 2 N	OF HISPA	NIC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. BACE	- American Indian, White, etc.
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COMPLET	Elementary/Secondary (0)-12)	College (1-4 or 5+)		ROCUR		OFFIC	ER		U.S. (OUFE	NMEN	т
CON	17. FATHER'S NAME (First, M	liddle, Last)		-	110 OOIL	DI I DI VI			AME (First,	Middle, Maiden		MILI	1
H	JOHN 19a. INFORMANT'S NAME (7)	W.	DOLI	INS,				ARY		STA			
임	SUSAN M.							mber, City or Town			20001		
	20a. METHOD OF DISPOSITION 20b.1			20b. PLACE	412 BREWSTER AVENUE, ACE AND DATE OF DISPOSITION (Name of ry, cremetory or other place) ARKLAWN CEMETERY				OATE 20c. LOCATION - City or Town, State 11/30 ROCKVILLE, MD				vn, State
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENGEE	2		22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20 not enter the mode of dying, such as cardisc or respiratory strest, Approximats							. TNC.
CERTIFICATION	shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to deeth but not reculting						1 P YES 2 NO					WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 SYYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 VINDER NO 1													
H	27. MANNER OF DEATH		28a. DATE OF INJUR (Month, Day, Yea	ry	28b. TIME	OF 26c.	INJURY AT WORK?	lesidence	_	SCRIBE HOW IN	JURY OC	CURED	
BY	2 Accident	Pending Investigation				M 1	YES 2	□ NO					
ETED	3 Suicide 4 Homicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								281. LOI City	CATION (Street a or Town, State)	nd Number	or Rurel Ro	oute Number,
COMPLET			CIAN: To the bast of my kn R: On the basis of examina										and manner as stated.
TO BE	29b. SIGNATURE AND TITLE	4/1	larger	1	40		29c. LIG	CENSE NUI	MBER 704	10	29d. DATI	E SIGNED	Month, Day, Vyler)
	30. NAME AND ADDRESS OF	MAK	cus M	2	EM 27) (Type, F	30/	Ga	A.	e	Selis		Su	vis M
	NOV. 3 0	1993	92. REGISTBAR'S SI	A-ACTURE	delle						/		

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BALTIMORE, MARYLAND 21215-0020

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REG. NO. 1. DECEDENT'S NAME (First) Middle, Last) 12/05/95 2. DATE OF DEATH 3. TIME OF DEATH 7/4% Norman Ray * Folckemer 78 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F DAYS ABS C178-36-5514 Y 47 July 17,1946 Pennsylvania Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8332 Ball Rd. 21701 U.S.A. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 A YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify, Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced Vietnam White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 12 security officer Federal government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Chester R. Folckemer BE Natalie Pope 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cynthia A. Folckemer 8332 Ball Rd. Frederick, MD 21701 20s. METHOD OF DISPOSITION
1 ☐ Buriel 2 (A Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Carroll Cremation Services12/7 4 Donation 6 Other (Specify) Hampstead, MD 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons 21. BIGNATURE OF FUNERAL SERVICE LICENSEE attarine Woodsboro, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each ilns. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) R-spiratory failure 246-DUE TO (OR AS A CONSEQUENCE OF): EXETASIVE orderno con CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 9 000 CAUSE (Disease or injury DUE TO OR AS A CONSEQUENCE OF that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 Supportient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

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1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 10 1 000 D146 26 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOG TROUSUS 5200012 56 501 W -1h md 21701 132 REGISTRAT'S SIGNATURE

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TO THE FUNERAL
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IMPORTANT: II

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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SOUND SECURITY NUMBER 216 - 22 - 8833 1	A SCORAL SECURITY MANABER 10 a 2 D a 66 Page 1 Mark Subset		1. DECEDENT'S NAME (First, Middle, Las Sara	L.		FRE	EY		Dec	ember 2	199	3. TIME OF DEATH 1:07 P
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To particularly and provided to the part of the part o	Tr. PATHER'S NAME (Piral, Middle, Last)	ETED	15. DECEDENT'S Et (Specify only highest gra	College (1-4 or 5 +	+)	(Give kind of life. Do NOT u	work done during se retired.)	g most of working				
The INFORMANT'S NAME (Type/Print) Jann M. Hypes 205. PLACE AND DATE OF DISPOSITION 10 BASE (Street and Number or Pural Route Number. City or Town, State, Zip Code) 206. METHOD OF DISPOSITION 10 BASE (Street and Number or Pural Route Number. City or Town, State) 206. METHOD OF DISPOSITION 10 BASE (Street and Number or Pural Route Number. City or Town, State) 206. PLACE AND DATE OF DISPOSITION/Immed of DATE (200. DOCATION — City or Town, State) 207. PLACE AND DATE OF DISPOSITION/Immed of DATE (200. DOCATION — City or Town, State) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY 7606 Old National BAST FUNERAL HOME, Boonsboro, Md. 2171 23. PART Ninter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, Interval Bed Date (Pinal disease or condition) 10 bound in the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, Interval Bed Date (Pinal disease or condition) 23. PART Ninter the diseases, or complications that cause disease. Brook, or heart failure. List only one cause on asch line. 10 bound in the disease or condition in the disease or condition in the disease or condition. 24. Approximation in the disease or condition in the disease or condition. 25. Quantitally list conditions, Interval and the disease or condition. 26. Autil Manufacture with the disease or condition. 27. Autil Manufacture with the disease or condition. 28. Autil Manufacture with the disease or condition. 29. Autil Manufacture with the disease or condition. 29. Autil Manufacture with the disease or condition. 20. Autil Manufacture with the disease or condition. 21. Autil Manufacture with the disease or condition. 22. Autil Manufacture with the disease or condition. 23. Autil Manufacture with the disease or condition. 24. Autil Manufacture with the disease or condition. 25. Autil Manufacture with the disease or condition. 26. Autil Manufacture with the	THE INFORMANT'S NAME (PyperPrint) Jann M. Hypes 20. METHOD OF DISPOSITION 10 Burst 2 & Cremation 3 Ramoval from State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME OF DISPOSITION 23. PART Name of Funeral service Licensee 24. Signature of Funeral service Licensee 25. PLACE AND DATE OF DISPOSITION (Name of Parallel View) 26. DISPOSITION DATE 20. CLOCATION - City or Town, State 27. SIGNATURE OF FUNERAL SERVICE LICENSEE 27. NAME AND ADDRESS OF FACILITY 28. PART Name of the diseases, or demplications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval death of the parallel view o		The second secon			Office	Manage	18. MOTHER'S	NAME (First,	Middle, Maiden S	Surname)	7.
Security Smithsburg Smith	Committee Comm	0	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Ru	ral Route Nur	nber, City or Town,	, State, Zip Coo	
John H. Bast, Jr. BAST FUNERAL HOME, Boonsboro, Md. 2171 23. PART Namer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, is ading to immediate cause. Enter UNDERVING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (on as a consequence of): Lattle imperior myperald imparts supervingased on prin anterior myperald injury that initiated events resulting in death) DUE TO (on as a consequence of): Lattle imperior myperald imparts supervingased on prin anterior myperald injury that initiated events resulting in death) DUE TO (on as a consequence of): Lattle imperior myperald imparts blud with profound anemia supports at the profound and the profound and supports and the profound and supports and the profound and supports and the profound and supports and s	John H. Bast, Jr. BAST FUNERAL HOME, Boonsboro, Md. 2171 23. PART Nanter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) The support of the condition of the cause of the cause of the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contrib		1 Buriel 2 X Cremation 3 Ra 4 Donation 5 Other (Specify)		cemete	ery, cremetory or o	ther place)	ematory	12-3			
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29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.		BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the conditions of th	B. ASYSTALE DUE TO B. ACUTL M DUE TO C. ATLLE M DUE TO d. RESPITAL: 1 Inpetient 2 K 280. DATE OF (Month, D) 280. PLACE OF building.	(OR AS A CI JON AS A CI LON GO AS A CI LON	ONSEQUENCE O MUSICAL ONSEQUENCE O SALEMIT ONSEQUENCE O ALLE IN IN At home, ferm, Ige, death occur	other: 4 OTHER: 4 Nursing EDF 28cd M 1 street, factory,	blud with Subdividual 3 multy Secondity Secon	Profession baller Lay In Part I. (Check only of the Colon of the Col	pack (m.) and and blud blud 24a. WAS AN A PERFORM 1 YES 2 CATION (Street ar y or Town, Stare) RUBE(s) and maner	NUTOPSY MED? AUTOPSY MED. AU	24b. WERE AUTOPSY FIND AMRIABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 VES 2 NO Rural Route Number,

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	BALIMORE, MARTLAND 21215-0020 fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit pertity oval.	1Ce.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		C	ERTIFIC	ATE O	F DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle)	ET B. FOS	TEA			_	2. DATE	OF DEATH	¥ ,	YEAR 3	TIME OF DE	ДН
4. SOCIAL SECURITY NUMBER		AGE (In yrs. I	est birthday) If	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPL	ACE (State or I	Foreign
222-20-7885	1 M 2 F	1008	YRS.	HTHS DAYS	HOURS MM.	7-2	25-189	3	Country)	MD	
90. FACILITY NAME (II not institution, give street and pumber) 90. CITY, TOWN OR LOCATION OF DEATH CITIZENS NUCLSING HOME HAVE DE GRACE HACTORD											
RESIDENCE OF DECEDE 10a. STATE MD H	county arford			OWN OR LOC	e Grace					Od. INSIDE CIT	
					IOF. ZIP CODE			10g. CITIZ		AT COUNTRY?	
10. STREET AND NUMBER 559 Lewis S 11. Marital Status	12. WAS DECEDENT I	EVER IN U.S. A	RMED	12 WAS D	21078	NIC ODIO	Marie Marie		USA		
3 Widowed 4 Divorced		YES 27)NO	If yes,	epecify Cuben, Mexico ES XXNO Speci	en, Puerto	Rican, etc.)			- American Inc White, etc. Blac!	
	"S EDUCATION st grade completed) College (1-4 or 5+)	(DECEDENT'S US Give kind of work to. Do NOT use n	done during	TION most of working		ospit		STRY		
	est)		-		18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
19a. INFORMANT'S NAME (Type/Pri Hanson Howar		1	96. MAILING AD	oness (Street	il Dr.	Aoute Num Hunt	ber, City or Tow	n, State, Zip (Code)	35810	
20g, METHOD OF DISPOSITION ALS Burlel 2 Cremation 3 4 Donation A Other (Species	☐ Removal from State	20b. PLACE	EANDDATE OF C	DISPOSITION		DAT		CATION — C	ity or Town	n, State	MI
21. SIGNATURE OF FUNERAL SER			<u> </u>	22. NAME Arn	and appress of fe old Bea. . Box 1	rd F	unera	al Se	rvio	ce	, FIL
23. PART I. Enter the disease	s, or complications that	aused the c	leath Do not	enter the n	ode of dylan su	b as can	dias as mani	ue o	Tace	Approxim	
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that initiated events resulting in death) LAST	d	n AS A CONSI	EGOENCE OF):								
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CVH		ALTH	ei7i5				1 🗌 YES 2	Ø NQ	1.	F DEATH?	NO
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a Canada	28e. PLACE OF I	NJURY — At h	nome, farm, stree	et, factory, of	lice	28f. LOC City	CATION (Street a or Town, State)	and Number o	or Rural Rou	nte Number,	
	PHYSICIAN: To the bast of m									nd manner as	stated.
	/				29c. LICENSE NU			29d. DATE		71.	0
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type, Pri	nt)	192	800	9	1	2/8	193	
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BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1. DECEDENT'S NAME (First		china		25	7	11		2. DATE OF DEATH	- 93	YEAR	3. TIME OF DEATH 5:30pmm
	4. SOCIAL SECURITY NUMBER 213-30-76		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lest	birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 09-27	-07	a. BIRTI Count	HPLACE (State or Foreign try)
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TO B	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street			Route Number, City or			
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	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	_ ^ ^		ERANC		LLINS FUN	FRAT.	HOME	INC	
	La Lan	rich	H. 7	(all)								,MD.20901
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Y PHYSICIAN:	27. MANNER OF CEATH 28e. CATE OF INJURY (Month, Day, Year) 28b. TIME OF UNDURY AT WORK? M 1 YES 2 NO											
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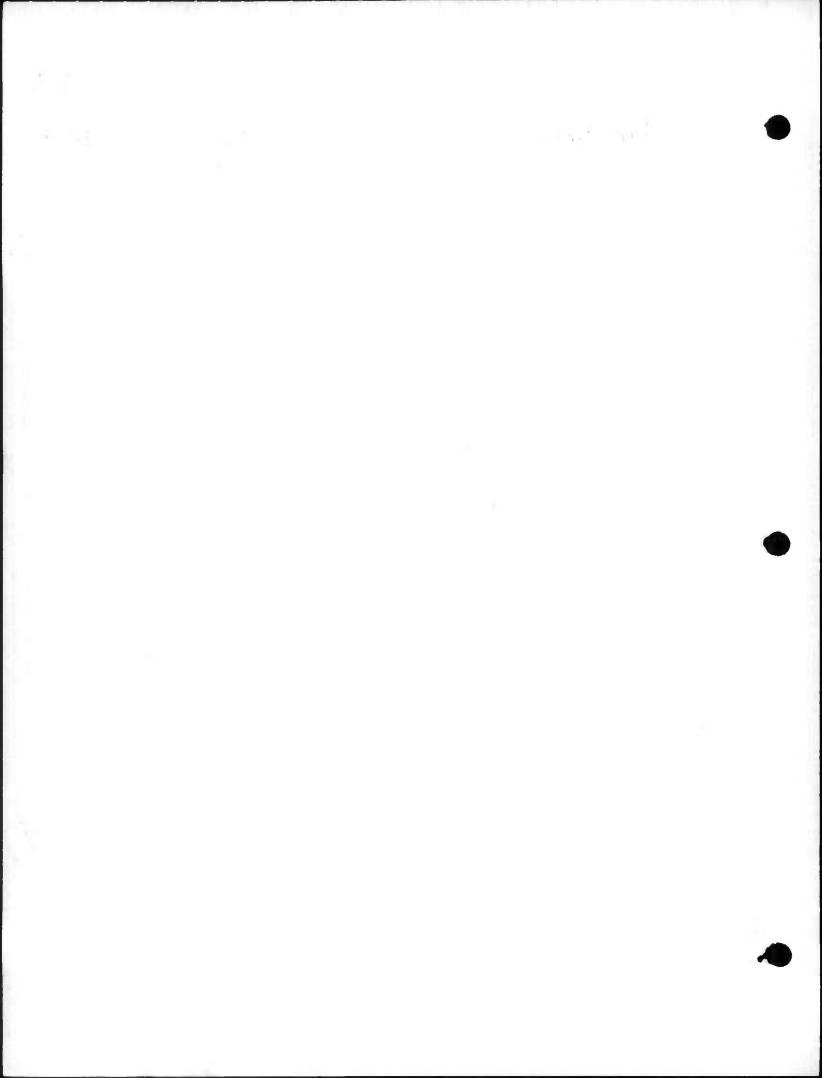
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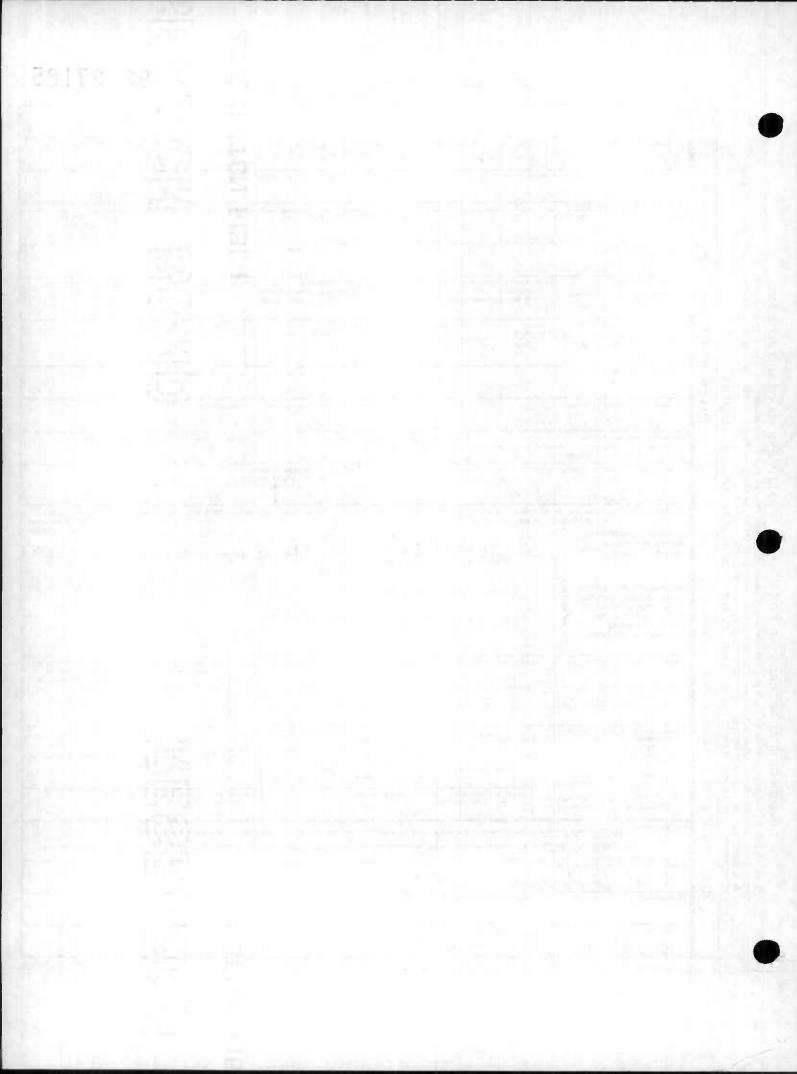
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32 REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020
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The funeral director, page 5 effound be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIRECTOR	19564 Cryst	al Ro									tgom			
E E	10a. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN	OR LOCA	TION						10d, INSIDE CITY
E	Maryland	Mon	tgomery		1 30	erma								LIMITS?
	10a. STREET AND NUMBER	MOLL	egomery		1 0	CIllia		f. ZIP COO	E			10a CITI		1 YES 2 NO
F.	19564 Crysta	al Ro	ck Drive					208						States
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٩	Sheila Levi		Daughter)							lesvil			20837	
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	200	1- B	elel		M0082					Service Silve			MD	20910
	23/PART /. Enter the dis	seases, or	complications the	t caused the	death. Do	not ente	r the mo	de of dy	ing, suc	h as cardiac	or reapir	atory sn	rest,	Approximate
	ahock, or he	art fallure.	List only one car	ise on each life	na.									Interval Batween Onset and Death
	IMMEDIATE CAUSE (Fine disease or condition		131	NOT	NR		(A	110	FR.				71/- 3/500
	resulting in death)		B. DUE TO	(OR AS A CONS	EQUENCE C	OF):		-/-	VO					2 /2 /EAR
-														
CERTIFICATION	Sequentially list condition if any, lastling to immed		DUE TO	(OR AS A CONS	EQUENCE C	OF):								
18	cause. Enter UNDERLYIN	IG												
	CAUSE (Disesse or Injur that initiated events		DUE TO	(OR AS A CONS	EQUENCE C	F):								
E	resulting in death) LAST	100	d											
	DART II Other elgelilees	t condition		death has no		1 46								
MEDICAL	PART II. Other significen	condition	na contributing to	death but not	resulting	in tha u	ndariyin	g cause	given in	Part I. 24s	PERFORI			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă										1[YES 2	₩NO		COMPLETION OF CAUSE OF DEATH?
M										_				1 YE\$ 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL			OTHE		LACE OF D	EATH (Ch	eck only one)				
\s	HOSPITAL: 1 YES 2X NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5X Residence 6 Other (Specify)													
표	27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED NJURY													
BY	1 X Natural 5 P	ending westigation			M 1 YES 2 NO									
4	2 Accident 3 Suicide 5 Could not be determined determined 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										oute Number,			
COMPLETED	29a. CERTIFIER Chack only Control only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
릴	(Check only 1 X) CERTI													
ő	2 MEDIC	AL EXAMINE	ER: On the beals of a	xamination and/o	r Investigati	on, in my	opinion, d	leath occu	red at the	time, date and	place, and	d due to th	ne cause(a)	and manner as stated.
BE C	200 SIGNATURE AND TITLE	OF PERTIFIE	R. /	1,	10			29c. UC	ENSE NUI	MBER		29d, DAT	E SIGNED	Month, Day, Year)
	anxh	1020	rules	1	()			D:	3723	6		▶ [Dec.	3, 1993
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Typ	e, Print)			e oliva are s					
	Carolyn B.	Hendr	icks, M.	0.	14	808	Phys	icia	ns L	ane,	Rocky	ville	e, MD	20850
	31. DATE FILEO (Month, Day, Y		32. REGISTRA	LAN GAND		9.1								
	DEC 0 6 19	193	Jana Waryo	wor-Hand	عالم									



vician. al-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

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MIAL	ERAL	27 11	= 2
IU THE MUSTIAL OH ALLENDING PHYSICIAN: THE SAW REQUIRES THAT THE DEATH CATE OF EXECUTED WITHIN 24 HOURS ATTENDED PAGE 6 THAY DE RETAINED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page-5 should be detached for use as the buria	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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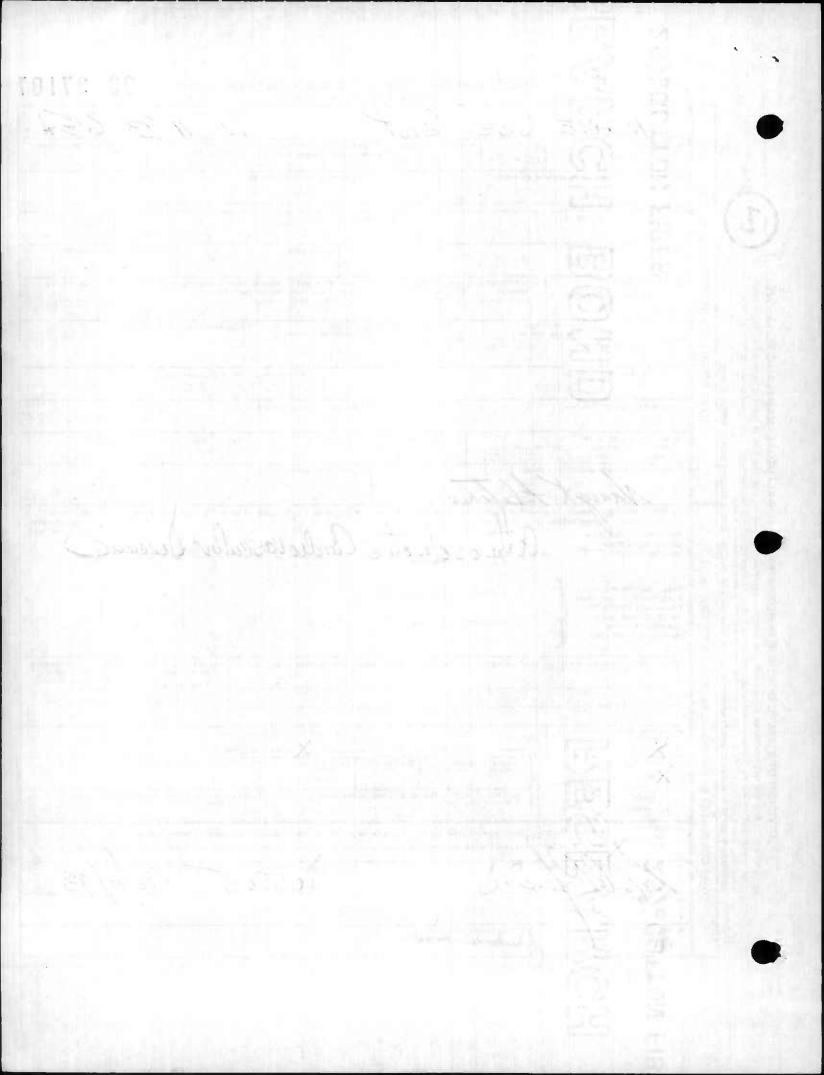
	4 0000000000000000000000000000000000000					IOAII	_ 01	DLA		REG. NO.			
- 1	1. DECEDENT'S NAME (First,	Middle, Last)	James	PERE	od 518	KS.	Nea.	1		MONTH Z	7-93	NEAS !	HTASOCTOPHITE
	4. SOCIAL SECURITY NUMB	ER.	5. SEX	6. AGE (In yrs.	- 77		ر ۲			12		73	1.USP "
	217-46-732	23	SOM 2 □ F	4.5	YRS.	IF UNDER						PLACE (State or Foreign Tyland	
~		9a. FACILITY NAME (If not institution, give street and number)							ON OF DEA	АТН		INTY OF D	
DIRECTOR		Suburban Hospital						hesd	la ——		Mo	ontg	omery
H H	10a. STATE	10b. COUNTY			10c. C/1	Y, TOWN							10d. INSIDE CITY
ā	Maryland	Mont			Roc	kvi.	lle					LIMITS?	
FUNERAL	10e. STREET AND NUMBER							. ZIP COD			-		VHAT COUNTRY?
NE	6.19	Doug						2085				J.S.	
	1 Never Married 2	Married		X YES 2	ARMED NO		If yes, sp	ecity Cube	ın, Maxican,	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, atc.
ВУ	3 ☐ Widowed ♣️CKDivo	rced	IF YES, GIVE V	MR OR DATES			1 TYES	2 NO	Specify:			Special B	Tack
9	15. DEC (Specify only	EDENT'S EDUC	CATION completed)	18a, i	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON set of working	na	16b. KIND OF BUS	BINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0 11th Grade		College (1-4 or 5		Cust	se retired.)		or or vrortar	.9	Linc	oln	Par	k tor
COMPLETED	17. FATHER'S NAME (First, M		 :		Cust	Jour	an		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			cen	rer
		Jnk.						18. MOTI	Anit	E (First, Middle, Melden		S	
) BE	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural Ro	oute Number, City or Town	n, State, Zij	p Code)	
9	Mrs Anita 1									Rockvill			#20850
	20a. METHOD OF DISPOSITI 1-12 Burlel 2 Crematio 4 Donetion 5 Other	ON n 3 ☐ Reme (Specify)	ovat from State	20b. PLAC	EAND DATE	of Dispos	rk (me of	ters			City or To	wn, State le, Md
	21. SIGNATURE OF FUNERAL	SERVICE LIC	SHISEE /		10011					Fal Home			
	Bire R. Mum												ville, Md
	23. PART I. Enter the di	eeses, or c	omulications tha	t caused the	deeth. Do i	not enter	the mo	de of dyl	ing, auch	es cerdiec or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Fin	eí	List only one cell	tro-	Intes	stin	al I	Hemo	rrha	age			interval Between Onset and Death
	disease or condition	→ ,	GASTI	30.IN	TEST	INI	AL	H	EM	TOR HA	SE LE	-	ACUTE
		_	DUE TO	(OR AS A CONS	EOUENCE O	F):							
CERTIFICATION	Sequentisity list conditi-		b. OUE TO	(OR AS A CONS	EOUENCE O	F):							
S	cause. Enter UNDERLY!	NG	c):						
Ë	that initiated events resulting in death) LAST		OUE TO	(OR AS A CONS	EOUENCE O	F):							
S			1										
						ing in the underlying cause given in Part i. 24s. WAS					AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	1260	HOL	15/1	(Alcoh	olis	ism)				1 TES 2			COMPLETION OF CAUSE OF DEATH?
										_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL T		.9									
PHYSICIAN:	EXAMMER?	MEGICAL	HOSPITAL:	ED/Dutantina	a // pos	OTHER	1 :		EATH (Chec				
H	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ		1	Other (Specify) 26d. DESCRIBE HOW IN	JURY OC	CURED	
ВУ Р		Pending nvestigation	(Month, D.	sy, Year)	INJ	URY M		RK? 'ES 2	_				
	3 Suicide 6 0	Could not be	28a. PLACE O building,	F INJURY — At I	home, term,	street, fact	ory, office	-	- 1	28t. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
COMPLETED							ony or lown, classy						
P										the cause(s) and man			
į į	2 MEOR			amination and/o	r investigatio	n, in my o	plnion, de	eath occur	ed at the tir	me, data and place, and	due to th	ne cause(s)	and manner se stated.
#	296. BIGHATURE AND TITLE	OF CERTIFIER	00/1	lin	///	10	東丁	29c. LICE	NSE NUMB	ER C	29d. DAT	E SIGNED	(Month, Pay, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAME	CHI /	11	Delati	7	NO	70	17	-/	4/	7143
	FRANCISC	MA	4LE 102	LS FE	EALU)	199	RX	B	TH	ESDA	Mx	200	17 1106
	31. DATE FILED (Month, Day,)	bar)	32. REGISTRA	R'S SIGNATURE	V/V W		, ,	100	- 1		110	-0	, , , ,
	DEC 0 9 199	13 9	una Davidso	n-Handel	22.								

- Andrews	(1	R Ross T. 2, Bulland)
	BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transmiper	lovel.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending in the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	AIE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lost) MINNIE Lee	Gist			2. DATE OF OEATH MONTH	1 23	3. TIME OF DEATH M
	220-18-5092A 1□M2⊠F 8		IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 14	,1909	IRTHPLACE (State or Foreign ountry) North
OR	98. FACILITY NAME (If not institution, give street and number) 440 Warfieldsburg Rd.	1		minster	ATH	9c. COUNTY C	
JIRECT	10e. STATE 10b. COUNTY Maryland Carroll	10c. CITY,	TOWN OR LOCAT estmin	ster			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL I	100. STREET AND NUMBER 440 Warfieldsburg Rd.		101	ZIP CODE 2115	57		OF WNAT COUNTRY?
BY FUNERAL DIRECTOR	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, OIVE WAR OR DATE	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12	Ine. Do NOT use	rk done during mo	on st of working	16b. KIND OF BUS	SINESS/INDUSTS	ay
E CON	17. FATHER'S NAME (First, Middle, Lest) Joseph Collins				ME (First, Middle, Maiden Honeycu		
TO 8	190. INFORMANT'S NAME (Type/Print) Herbert Gist				Route Number, City or Town		er,Md.21157
	1 Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Mausoneum Me	LACEAND DATE OF Dry, crematory or othe Ctairie	er nlecel		1	CATION - City of New Or	leans, LA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Thoma		letcher 8		F.H. er,Md.21157
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			alo va	Seuloi 1	Jizea	
MEDICAL	PART II. Other aignificent conditions contributing to death but	not reaulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpet		OTHER:	ACE OF DEATH (Ch	mar of temperal		
	27. NANNER OF DEATH 1 Netural 5 Pending 28e. DATÉ OF INJURY (Month, Dey, Yeer)	28b. TIME INJU	RYWO		8 Other (Specify) 28d. OESCRIBE HOW II	NJURY OCCURE	D
TED BY	2 Accident investigation 3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY – building, etc. (Specify	At home, farm, str	eet, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or Ro	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled one) MEDICAL EXAMELE On the basis of examination of						racia) and magner as stated.
0	296. SIGNATURE AND TITUE OF PERSONNEL			INCENSE NUM	AILER	29d, DATE SIG	/ /
OBE	I celable from m			1039	03	12/	
TO BE	Richard Jones, MD 31. Date Filed (Month, Day, Mar) 32. Registrar's signate	Memoria		1039 ue, Wes	03 stminster	► 12/ , Má.	



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0, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.* - Netely filled in by the funeral director, page 5 should be detached for use as the burial-trangit permit remation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

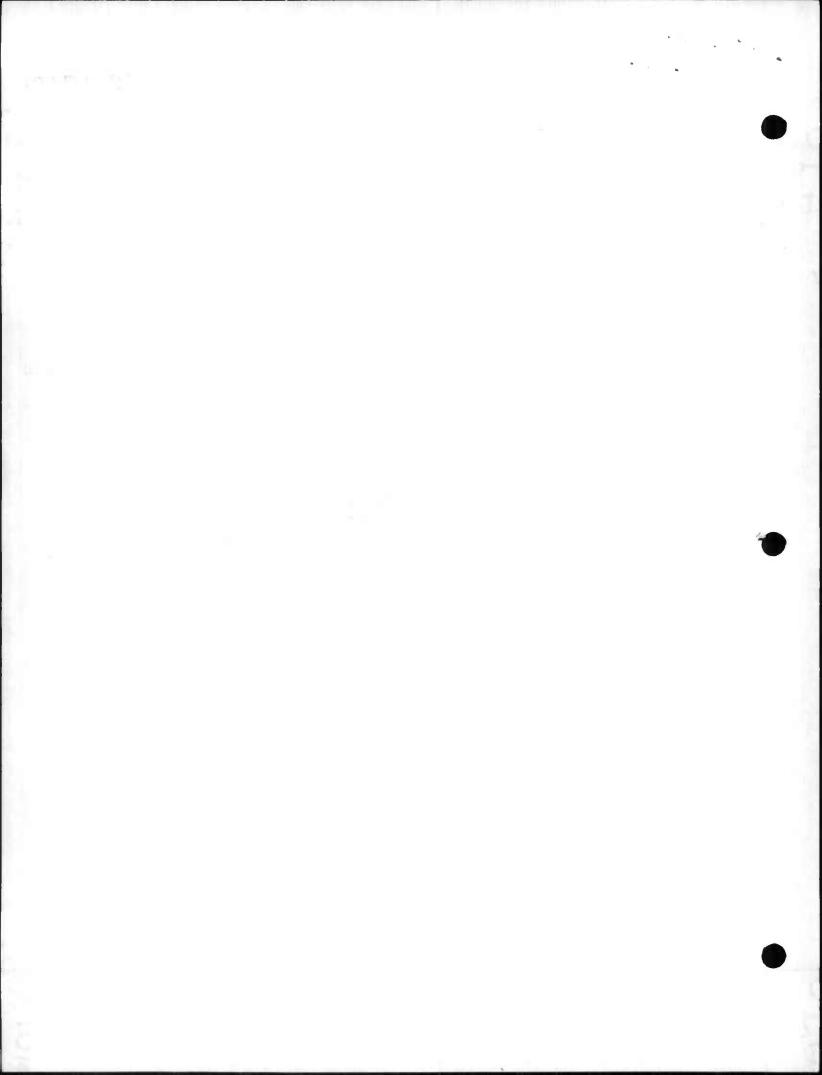
	1. Decedent's Name (First, Middle, Last) Maude G. Gauld 2. Date of Death Month DAY 11 20 93 12:54											3. TIME OF DEATH			
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE /	In yrs. last	hirthday)	JE UNDE	R 1 YEAR	IF UNDER	D 24 MDS		OF BIRTH	0		PLACE (State or Foreign
	215-48-4		1 🗆 M 2 🟋 F	9(YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	Dey, Year) 24,	1903	CAN	VADA
"	9s. FACILITY NAME (If not in			+				9b. CITY, TOWN OR LOCATION OF GEATH Annapolis Sc. COUNTY OF GEATH Anne Arundel							
Ö	Anne Arund		icai cen	ter			Anr	iapo.	LIS				Anr	ne Ar	unaeı
입	10a. STATE	10b. COUNT	Υ			10c CIT	Y, TOWN	OR LOCA	TION						464 1110100 01014
DIRECTOR	Maryland		ntgomery				hesc		THOM						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	8300 Thore		ve					101	1. ZIP COD	0034			10g. CIT	U.S	A.
3	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	CENOENT (OF HISPAN	IIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian.
B	1 Never Married 2 3 XWidowed 4 Divo		FORCES? 1			0	It yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO Specify: Caucas								
COMPLETED		EDENT'S EDU			16a. DEC	EOENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/INI		Castall
ш	Elementary/Secondary (0	y highest grade 1-12)	Coffege (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)										
릴	12 2 Homemaker														
0	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)														
BE C	William Gerard Hamilton Gilpin Ellen Clayton														
2	19a. INFORMANT'S NAME (Type/Print) Godfrey Robert Gauld 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1506 Pine Bluff Way, Arnold, MD 21012														
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cregitation 3 Removal from State 20b. PLACE AND DATEOF DISPOSITION (Name of cemetary, crematory, or other place) Conge Washington Univ. Med. Ctr. 11/22/93 Washington, DC														
	21. NAME AND ADDRESS OF FACILITY											, 50			
	· Mu	fare	· Va	nol	m						urb.	Servi			m. DC 20011
	225 Missouri Ave., N.W., Washington, DC 2001 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause pn each line.												Approximata		
	IMMEDIATE CAUSE (Final 4 / Onset and Death														
	disease or condition														
	DUE TO (OR AS A CONSEQUENCE OF):														
NO	Sequentially list conditions,														
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING														
TIF	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
ER	resulting in death) LAST														
	PART ii. Other aignifica	nt condition	a contributing to	death bu	ut not re	suitina	in the u	nderivin	g ceuse (given in	Part i	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL									y could	gironini		PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
											- 1	1 TYES 2	□ NO		OF DEATH?
Σ											- 1				1 TES 2 NO
Z															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	777			OTHE		ACE OF D	EATH (Che	ick only one)			
ΙΥS	1 TYES 2 NO		100 Inpatient 2		atient 3	1				esidence	8 Other				
ву Рн		Pending Investigation	28e. DATE OF (Month, D			28b. TIM	E OF IURY M	WO	URY AT ORK? YES 2	NO NO	28d. OE\$	CRIBE HOW I	NJURY OC	CUREO	
	3 Suicide 6	Could not be	28s. PLACE O	F INJURY atc. (Speci	— At hom	ne, farm,	street, fac	tory, offic	•			TION (Street a	and Number	or Rural Ro	oute Number,
E	20- 050515150		0141. 7. 4. 4. 4. 4.												
COMPLETED	22st. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.														
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)														
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)														
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNA	ATURE -	2	~				,		-, -		
Jacob E. Teitelbaum, MD, 139 Old Solomon Island Road, Annapolis, MD 31. DATE FILED (Month, Day, Year) DEC 0 7 1998 Julia Davidson-Randalla															

CO DESCRIPTION

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Jeannette M. Grove 05 93 12 4:45 p.m. M 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 - M 2 - F DAYS HOURS 426-32-4620 99 YRS. Sept. 7 1894 Pennsylvania 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Avalon Manor Home, Inc. Hagerstown, Washington RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington 1 XYES 2 NO Hagerstown FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? ě use as the burial-transit 112 W. Howard Street 21740 U.S.A. Page 6 may be retained by the hospital or attending physician, al director, page 5 should be detached for use as the burial-tran 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Bican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Unknown Homemaker Her Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Richard B. Haffner Alice Mae Johnston BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 D. Wilbur Haffner 407 Sunny Drive Waynesboro, Pa. 20g, METHOD OF DISPOSITION 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 (X Burlal 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) must Green Hill Cemetery 12-8-93 Waynesboro, Pa. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home the funeral Surs after death. nne 415 E. Wilson Blvd. Hagerstown, Md. 21740 removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximata** shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** ysician and completely fille prior to burial, cremation, event, the disease or condition resulting in death) 10 do CVA executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be of DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to physician CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 13 CMD E COMPLETION OF CAUSE 1 TES 2 NO shows : 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 ANO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Month, Day, Year, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide Hem 29e. CERTIFIER (Chack aniv. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated. FUNERAL I HOSPITAL = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE V9 -touth mis D18019 12-6.53 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA MO 334 MILL ST MAGERSTOWN, ND 21740 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) DEC 0 7 1993 i Danison-Rondoll



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E 3	Z	Ther this certificate has been signed by the attending physician and completely filled in by the formeral director, page 5 should be detached for use as the burial-transit permit. Reges 1, 2 is any the State Dent, or Health and Mental Hybiene prior to burial, cremation, or removal.)
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	NG PHYSICIAN: The law requires that the death cartificate be executed within 2 mounts after the same of may be retained by the hospital or attending physician.	Wher this certificate has been signed by the attending physician and completely filled in by the taken with the State Bent, of Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR AL	DIREC	Item
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	O THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: At	APORTANT: If Item 28 Is
	2	22	3 2

	REGISTRAR		CI	ERTIF	CATE	OF	DEATH	R	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH	w	YEAR	3. TIME OF DEA	тн
	PEARL IRE	ENE C	RIMM					NOVEMB		0. 1	993	11:30	ъм
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF E	IRTH			IPLACE (State or I	-
	213-40-3334 9s. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢 F	93	YRS.	MONTHS	DAY8	R LOCATION OF DE		9,1900 Maryland				
OR	Williamsport Nurs						i amsport				SHIN		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10- 017	v. TOWN OF	D I OCAT	1001					10d. INSIDE CIT	v
DIRE		hington		Hagerstown								LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER Cearfoss P	ike		10f. ZIP CODE 21740							SA	WHAT COUNTRY?	
Ž I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	AMED	13. W					14. BAC	RACE — American Indian,		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2		If.	If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify: Specify:							
0	15. DECEDENT'S EDUC	ON	16b. KIN	D OF BUS	SINESS/IN	DUSTRY							
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (G	e. Do NOT us	vork done di se retired.)	uring mo	at of working						
립	8			usewi	fe				Hor	me			
0	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middl	e, Maiden	Surname)			
BE C		bster		ingha			Nina		Mae			ontz	
2	19a. INFORMANT'S NAME (Type/Print)		19				nd Number or Rural I						
-	C.Richard Grimm						ton Lane	e Will					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from Stata	other p	lace)			netery, crematory or					own, Stata	
	□ Donation 6 □ Other (Specify)		- Broa	dford			etery		Ha	gers	town	,MD 2174	10
	21. SIGNATURE OF FUNERAL SERVICE LICE	Dsbar	he	-	OSI	BORN	NE FUNERA 0×348 Wi	AL HOM	E	MD	2170	5	
	23. PART I. Enter the diseases, or co											Approxim	
	shock, or heart failure. List only one cause on each line.										Interval Onset se		
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SEPSIS AND DEHYDRATION DUE TO (OR AS A CONSEQUENCE OF):											AYS	
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CERTIFICATION	Sequentially list conditions, If smy, leading to immediate												
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E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in daeth) LAST	i											
2	PART II. Other significent conditions	contributing to	death but not	resulting	in the un	derlyin	g cause given in	Part i. 24	. WAS AN	AUTOPS	7 24	b. WERE AUTOPSY	FINDINGS
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			TILLORD					— '	YES 2	Z NO		OF DEATH?	1 110
2								-				1 120 2	, NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DEATH (Ch	neck only one)					
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 ĀNO	HOSPITAL:	ER/Outpatient	3 🏻 DOA	OTHER		ne 5 🗆 Realdence	6 Other (S	necih/l				
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF	26c. IN.	JURY AT	26d. DESCR		INJURY O	CCURED		
	1 Netural 5 Pending Investigation	(Month, E	Pay, Year)	IN.	M		YES 2 NO						
) BY	2 Accident investigation 3 Suicide 6 Could not be		F INJURY — At h	ome, farm,	street, facto	ory, offic	·a		ON (Street		er or Rural	Route Number,	
COMPLETED	4 Homicide datarmined	building,	atc. (Specify)					City or 7	DWN, State,	,			
LE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	l my knowledge, d	leath occum	red at the ti	lme, date	and place, and dus	to the cause(a) and me	nner as s	tated.		
M	(Check only one) 2 MEDICAL EXAMINE											(a) and menner ea	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c, LICENSE NU	MRER	-	29d D	ATE SIGNE	O (Month, Day, Yes	e)
BE	- 19710110	Mid					D 3370			•	TIE STORE	o (Markin, Day, 100	-,
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAU	SE OF DEATH (IT	EM 27) (Type	e, Print)		אככ ע	JU		LD	ECEM	BER 1,	1993
	TED E. HOWE, M.D					NFV	MD 200	332					
			AR'S SIGNATURE		, 01	1111	, FID 200	JJ					
	DEC 0 2 1993	James Dende	- Mereco										

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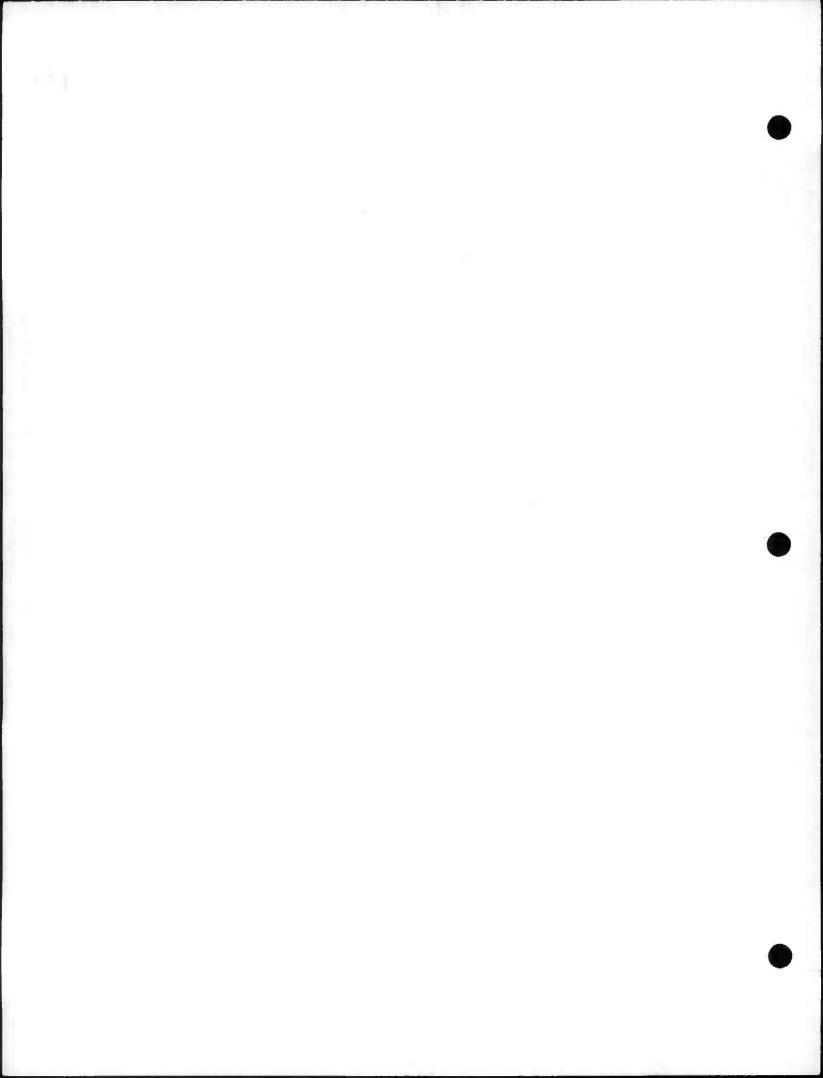
3. TIME OF DEATH

7:44 A M

2. DATE OF DEATH MONTH DAY

	_	Page
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit permit. , or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

			Ida	Louise	Gil	les					1 1	_ 30		93	7:44 A
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH ev Mari		8. BIRTHP Country)	LACE (State or Foreign
`		212-74-7979		1 - M 2 - F	94	4 YRS.	MONTHS	DAYS	HOURS	MIN,	1-3	T-18	399		yland
7	_	9a. FACILITY NAME (If not h	nstitution, give s	reet and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUN	ITY OF DE	ATH
2	0	Reeders	Memo	<u>orial Ho</u>	ome	Boonsboro						Washington			
1	DIRECTOR	10a. STATE	10b. COUNTY	,		10c, CITY, TOWN OR LOCATION									10d. INSIDE CITY
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ermit	AL	10e. STREET AND NUMBER		ing con		11	agel	-	ZIP COD				10a. CI7I		1 TYPES 2 NO
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buri		1 Never Married 2		FORCES? 1 IF YES, GIVE W					ecity Cuba	n, Maxica	n, Puerto Rice				White, atc.
as the	D BY	3 ₺ Widowed 4 □ Dive					white								
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d for	"	Elementary/Secondary (I	1-12)	College (1-4 or 5+)										
detache once.	COMPL	12 17. FATHER'S NAME (First, M	liddle (eet)	0		nous	housewife								
be de		John M. Bro					18. MOTHER'S NAME (First, Middle, Maiden Surname)								
pont led	BE	19a. INFORMANT'S NAME (Top MAILING	Ida Munson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
5 should notified	임	Lucille Kar										.1 1 017/			
bage		20a. METHOD OF DISPOSIT			20h BI	LACE AND DATE				LIEE	DATE	-	CATION — C		yland 2174
ector, p		1 X Burtal 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	cemete	ery, crematory or o	ther place	nete:	~~77		12-2			17	
al dire		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		22.	NAME AN	D ADORES		ZILITY		SEISL	OWII,	Maryland	
tuneral di i. examiner		MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md.													
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been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present and Merital Hygiene prior to burial, cremation, or removal. Shows any Injury, or other traumatic event, the medical examiner must be notified at once.	FICATION	IMMEDIATE CAUSE (Finel Onset a											interval Betwee Onset and Deat		
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or I	>- 1	1 TYES 2 MO		1 Inpatient 2			4 @ Nu	rsing Home		sidence	6 Other (Sp	pecify)			
OIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 is marked, or Item 23 is	р ву Рн	2 Accident	Pending Investigation Could not be	28a. DATE OF I (Month, Da	y, Year)	At home, farm,	M		RK? ES 2	NO NO	28d. DESCRI				ute Number,
28 afte	핃		determined	bunding, e	rtc. (Specify)						City or To	wn, State)			
국 의 도	COMPLE			CIAN: To the best of r											and manner as stated.
TO THE FUNERA be filed within 7	TO BE	296. SIGNATURE AND INTER OF CERTIFIEN 296. LICENSE NUMBER 296. DATE SIGNED (Month, D. 297. 1/36/33										Aprith, Day, Year)			
		R.L. Kuster. 100 Geeting Lane Keedusville Md 21756													
		31. DATE FILED MONTE DOV.	1 1993	32. REGISTRAR	'S SIGNATE	Pular			/		/				



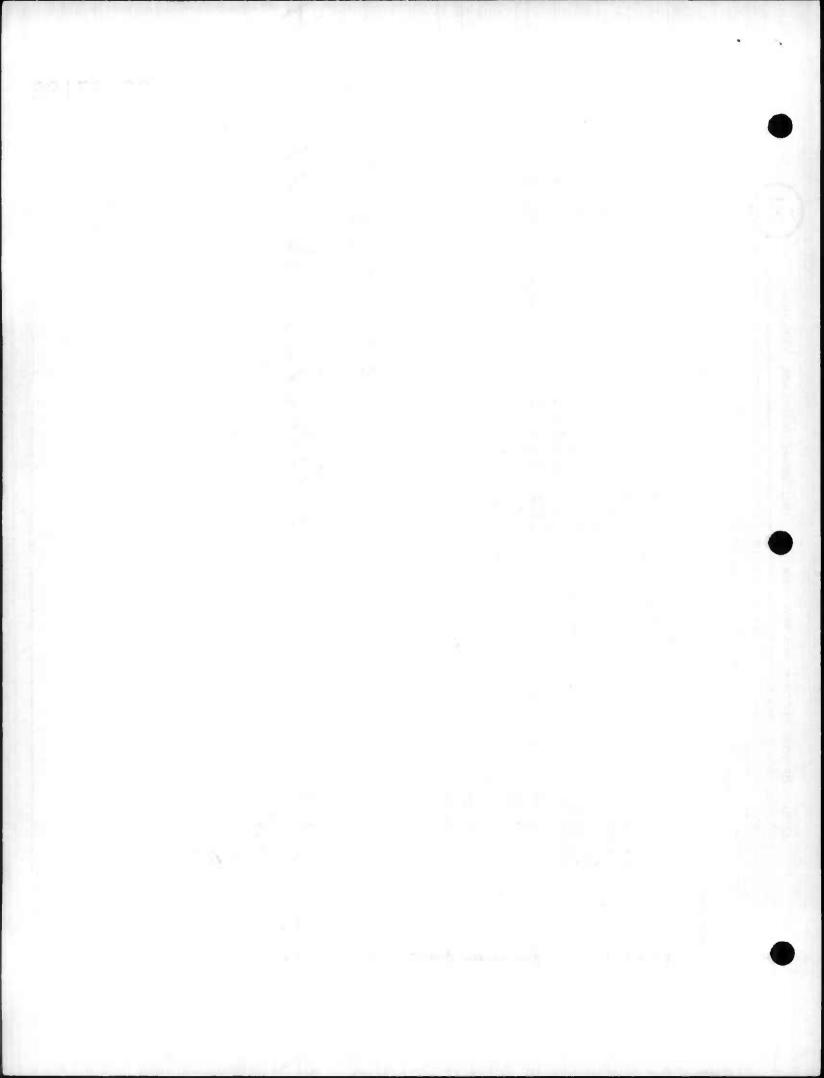
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IO INC PUNERAL DIRECTOR: AL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		MARYLAND /		TMENT ICATE				MENTA	L HYGIE		93	3719
1	1. DECEDENT'S NAME (First, Middle, Last) VIRGINTA 4. SOCIAL SECURITY NUMBER	WIER S. SEX	GROSECLA						DEC.	10.	1993	YEAR	3. TIME OF DEATH 11:05 P.
	321-28-1050 9e. FACILITY NAME (If not institution, give	1 M 2 XF	8. AGE (In yrs. In	et birthday) YRS.		DAYS	IF UNDER	MIN.	Jul	of BIRTH h, Day, Year)		Wes	t Virginia
TOR	3031 Bellechasse	Pond			Fal			ON OF D	DEATH 9c. COUNTY OF Harf(
FUNERAL DIRECTOR	Maryland 106. COUNT	Harford	l		y, town or allst		'ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	3031 Bellechasse	e Road		101. ZIP CODE 21047				10g. CITIZEN OF USA				WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 3 X Wildowed 4 Divorced FYES, GIVE WAR OR DATES					ARMED 13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxica 1 ☐ YES 2 ☑ NO Specify				fee or No-		E — American Indian, ok, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	16a. DE (G	live kind of a b. Do NOT us	USUAL OCC work done du ne retired.) emake:	ring mo	ON st of workin	g	186	. KIND OF 8	Home	DUSTRY		
E COM	17. FATHER'S NAME (First, Middle, Leat) James Samuel					HER'S NA	ME (First, I	Middle, Meide	on Sumame) Pile	W.			
TO BE	100 INFORMANT'S NAME (Conflict)										1047		
	20e. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LI	111 0			HOW	ard	K.	MCCC	mas	III F	unera	l Ho	me, P.A.
	shock, or haert failure. List'only one ceuse on aach line.											Approximate interval Betwee Onset and Dea	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Pissess or injury c												
ERTIF	that initiated events resulting in death) LAST	d.	OR AS A CONSE	QUENCE O	F):								
MEDICAL	PERFORMED? AM CO OF									AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				25. PL	ACE OF D	EATH (Ch	eck only on	•)			
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH			28b. TIM	OTHER: 4 Nursin	Bc. INJI	o 5 □ Re URY AT RK?	sidence			INJURY OC	CUREO	
BY	1 Netural 5 Pending 2 Accident Investigation 2 PLACE OF IN MIDY. ALTO ACCIDENT MIDY.										Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(a) and manner as stated.												
B	29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUM D2.7 4							11/93			
2	30. NAME AND ADDRESS OF PERSON W	O DOMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)							1	

22 REGISTRAR'S SIGNATURE

DEC 1 3 93

	1. DECEDENT'S	Λ		Maxi	milli	an J.		Jr.		2. DATE (REG. NO.	0	YEAR 3	12:40
	4. SOCIAL SEC 085-1			5. SEX 1) M 2 F	6. AGE (In 94	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		R 24 HRS. MIN.		OF BIRTH 1, Day, Year) 27 18		Country)	LACE (State or Foreign
OR	Merid	lian	Nurs	ing Ce	nter		96. CITY, TOW	n on Locat		ATH		9c. COUNT		ick
DIRECTOR	RESIDENC 10a, STATE MD	E OF DEC	10b. COUNTY	rroll		10c. CIT	Y, TOWN OR LO	cation	ster					IOd. INSIDE CITY LIMITS?
FUNERAL	10a. STREET A			tom Ro	a d			10f. ZIP COL				10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUN	11. MARITAL ST 1 Never Ma	rried 2 🗌 i	Married	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U	U.S. ARMED 2 NO ES	If yes		OF HISPANI en, Mexican	ı, Puerto P	? (Specify Yee (Rican, etc.)		4. RACE -	– American Indian White, etc.
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/IND									STRY				
COMPL	6-7	IAME (First, Mi				HOLUIC	curvur	18. MO	THER'S NAM	ME (First, A	<u>estate</u> Widdle, Meiden S			
BE	Maxin 19a, INFORMAL			. Gra	f, S	19b, MAILING	ADDRESS (Str		liza			Ryan	Code)	21157
5														
CERTIFICATION	21. SIGNATORE	OF FUNERAL	L SERVICE LIC	CENSEE					ESS OF FAC Fune		Home	& C	hape	21
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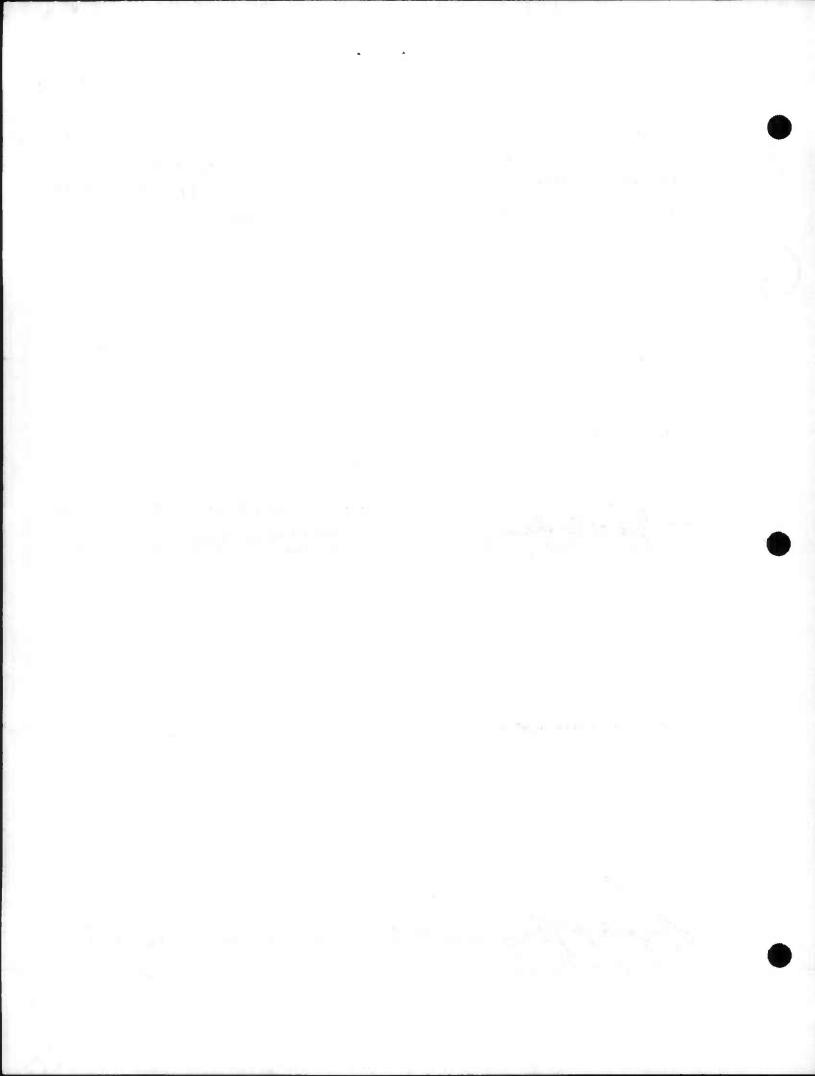


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burb be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 3 1993

LOTTIE P QUNTER 1. SOCIAL SCORITY HUMBERS 1. SOCIAL SCORING HUMBERS 1. S	3 37194	HYGIENE 93	ND MENTAL HYG				STATE OF MAR		FOR 1 - STATE							
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10. ZP CODE 100.	F DEATH	9c. COUNTY OF C								00						
101. ZIP CODE 106. ZIP COD	George's	Prince (ton				spital Cen			CTO						
No. STREET AND NUMBER	10d. INSIDE CITY LIMITS? 1 YES 2 X NO						e George's		- 11 - 1 - 1							
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The maintain and desired to the conditions and the conditions contributing to death but not resulting in the underlying cause given in Part I. Consequence or injury resulting in death) LAST Conditions contributing to death but not resulting in the underlying cause given in Part I.	s County			Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use refined.)						MPLET						
Mr. Edwin G. Gunter Son Report Son Rep	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme)															
Mr. Edwin G. Gunter Mr. Edwin G. Gunter																
NECONSTRUCT CONTROL CO	Mr. Edwin G. Gunter 620 Bryans Point Road, Accokeek, Md. 20607															
Mark G. Brohawn Mo0053 22. NAME AND ADDRESS OF FACILITY The Hunt's Funeral Home, Inc. P.O.Box 156, Waldorf, Maryland 20. All Services of FACILITY The Hunt's Funeral Home, Inc. P.O.Box 156, Waldorf, Maryland 20. Box 156, Waldorf, Maryland 21. Box 156, Waldorf, Maryland 22. Box 156, Waldorf, Maryland 22. Box 156, Waldorf, Maryland 23. Box 156, Waldorf, Maryland 24. Box 156, Waldorf, Maryland 25. Box 156, Waldorf, Maryland 26. Box 156, Waldorf, Maryland 27. Box 156, Waldorf, Maryland 28. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box 156, Waldorf, Maryland 29. Box	20a_METHOD OF DISPOSITION 1A Deurlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Lorent Place) 20b. PLACE AND DATE OF DATE OF DISPOSITION (Name of Lorent Place) 20b. PLACE AND DATE OF															
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22. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	20604	dome, Inc.				153	MOO!	Brohawn	Mark G.							
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3 Suicide 4 Homicide 8 Could not be determined 29e. PLACE OF INJURY — At home, ferm, street, lectory, office building, stc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end		MIDE HOW MIDDING OCCORED		WORK?		1 Natural 5 Pending (Month, Day, Year)										
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	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									OMPLE						
So, JAAME OUR ADDRESS OF BERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (None, Printip)	ᇤ															



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1. DECEDENT'S NAME (First, Middle, Last)	2-21						2. DATE OF MONTH			YEAR	. TIME OF OEATH
		S. SEX S. AGE (In	yrs. lest birthday)	IF UNDER	VEAR	IF UNDER	TA SING	/2 7. DATE OF	3	9	3	2:09Pm
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~	9a. FACILITY NAME (If not institution, give stre	7				R LOCATIO	ON OF DE			9c. COUNT	Y OF DEA	тн
TOF	HEBREW HOME			ROC	KVI	LLE				MON.	rgom	ERY
DIRECTOR	10a. STATE 10b. COUNTY	COMEDY		TY, TOWN C		ION					15	Dd. INSIDE CITY
	MD . MONTO	GOMERY	RUC	CKVI		. ZIP CODE				45 OITIZE	1	YES 2 NO
FUNERAL	6405 MONTROSE F	ROAD			20	852				U.S		IT COUNTRY?
FUN		12. WAS DECEDENT EVER IN U	J.S. ARMEO 2 NO					NIC ORIGIN? (or No- 1	I. RACE -	- American Indian, Vhite, atc.
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mich	die, Maiden S	Sumame)		
BE	JOSEPH GORMAN 19a. INFORMANT'S NAME (Type/Print)				Lating 1			FREII				
2	ALAN GORMAN		1209	GRE	SHA	M RI	of Rural F	SILVE	R SP	RING	MD.	20904
	20a. METHOD OF DISPOSITION 1 G Burtel 2 CyCremation 3 G Ramov		LACE AND DATE		ITION (Nat	me of		OATE	200,100	CATION — CI	y or Town	, State · · ·
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MEDIC	Non Tinsulin De	pendent brat	reles					_ 1	YES 2	DAO	CC	OMPLETION OF CAUSE FOEATH?
Z.											11	YES 2 WHO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНБЯ		ACE OF DE	ATH (Che	ock only one)				
HYSI		1 ☐ Inpatient 2 ☐ ER/Outpatk 28a. DATE OF INJURY	ent 3 DOA	4 D Nurs			eldenca	6 Other (S				
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY M	WOF	RK?	NO .	28d. OEŞCH	IBE HOW IN	JURY OCCUI	RED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, r	atreet, factr	ory, office			261. LOCATIO	ON (Street ar	nd Number or	Rural Rout	e Number,
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COMPL	(Check only 1 GENTIFTING PHYSICI)	AN: To the best of my knowled On the basis of examination as										nd manner ee stated.
l w l	296. SIGNATURE AND TITLE OF CERTIFIER	- 44				29c. LICEN						onth, Day, Year)
TO B	CHUM A. I Nad	arary, MI)			D:	39	166		12	13/	93
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	31. DATE FILED (Month, Day, Year)	132 REGIOTRARIS SIGNATION DE LUNA DAVIDADON-VI	Ondell.		30		1100	20100	C, 11	עונ	دەر	
- 1	DEC 0 7 1993	1	b									

THE R. LEWIS CO., LANSING, MICH.

BALTIMORE, MARYLAND 21215-0020	Jours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely fill

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the study within 70 hours after death with the State Deet of Health and Mental Honline infor the british commission or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF N					EALTH A		ENTAL HYGIENE REG. NO.	93	37196		
	1. DECEDENT'S NAME (First, Middle, Last)			-31Lm				2	DATE OF DEATH		3. TIME OF DEATH		
	CHARLES	S.		GA	RRIS	NC		I	DECEMBER 6,	1993	4:10 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)			IF UNDER 24	MRS 7	DATE OF BIRTH	n Bips	HPLACE (State or Foreign		
	152-16-1624	1 ★ M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS I	WIN.	(Month, Day, Year) AUG. 3, 1922	PEN	NSYLVANIA		
FUNERAL DIRECTOR	9e. FACILITY NAME (If not institution, give s	reet end number)			9b. CITY	, TOWN D	R LOCATION			OUNTY OF	DEATH		
	MANOR CARE - WHEA					W	HEATON	1		MONTO	OMERY		
뿐	10e. STATE 10b. COUNTY			10c. CIT	TY, TOWN I	OR LOCAT	IDN				10d. INSIDE CITY LIMITS?		
□		NTGOMERY		S	ILVE	R SP	RING				1 YES 2 NO		
1AL	10e. STREET AND NUMBER					101	ZIP CODE		10g.	CITIZEN DF	WHAT COUNTRY?		
N N	3509 S. LEISURI							20906		USA			
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	RMED NO	13.	WAS DEC	ENDENT OF H	HISPANIC Hexican, F	DRIGIN? (Specify Yes or No Puerto Rican, atc.)	- 14. RAG	CE — American Indian, ck, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	MAR DR DATES				2 ND			Spe	clty:		
	15. DECEDENT'S EDUC	CATION	I see D	ECEDENT'S	I II II II I	CCHBATIC	M		445 KIND OF BURNIESS	(INDIA)	WHITE		
	(Specify only highest grade	completed)	(0	Give kind of e. Do NOT u	work done	during mo	at of working		16b. KIND OF BUSINESS	MOUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5 a		JPERV	TSOR				U.S. GOVE	RNMEN	T		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						46 MOTHES	O'C NAME	(First, Middle, Meiden Surnan				
		C. GARE	RISON					LINI		SHAI	FER		
BE	19e. INFORMANT'S NAME (Type/Print)	0		DE MAN INC	ADDRES	e /Comet e			te Number, City or Town, State		I Dit		
임	The second secon	RRISON							LS, NY 1381				
	20e. METHOD OF DISPOSITION	THE POINT	20b. PLACE		_		_	-01101	DATE 20c. LOCATION		Statipula		
	1 N Buriel 2 Cremation 3 Remo	oval from State	cometery or PARE	PP AYAK	other place	รกาทเก	V	1	2/10 ROCKVI				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IAM	CLAWIN	22	NAME AN	D ADDRESS	OF FACILI	TV				
	Dimothys	D. Ca	mplu	u	F. 5	RANC 00 U	IS J. NIVERS	COLI SITY	EINS FUNERAL BLVD., W.,	HOME SIL.	SP., MD 2090		
ICAL CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO AMILABLE PRIOR TO										b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF DEAT	TH (Check	only one)				
Sic	EXAMINER? 1 Tes 2 N NO	HOSPITAL:	FR/Outpatient	3 [DOA	OTHE	R:			Other (Specify)				
Η	27. MANNER OF DEATH	28s. DATE DF		28b. TIN		28c. INJ			d. DESCRIBE HOW INJURY	OCCURED			
	1 Natural 5 Pending	(Month, D	lay, Veer)	IN.	JURY M	WO	RK? YES 2 N			00001122			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — At h	ome, farm.	street, fac			_	281. LOCATION (Street and Number or Rural Route Number,				
	4 Homicide 6 Could not be	building,	etc. (Specify)			,,			City or Town, State)		, , , , , , , , , , , , , , , , , , , ,		
COMPLETED	ann)								the cause(e) end manner as		(e) end manner ee stated.		
BE C	296. SIGNATURE AND TITLE OF CENTIFIES		1	2			29s. LICENS	E MUMBE	n 29d.	DATE SIGNE	D (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAME	SE DE DEATH AT	///	0		1/0	20 1		4)	145		
	R. T. BENA C 31. DATE FILED (Month, Day, Year)	MA MANAGERIA	D 4	1115	- 40	110	DR	2	wheato	1	m droger		
	DEC 0 9 1993	Julia Davi	idson-Ranc	اعاك									

1 -	FOR STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

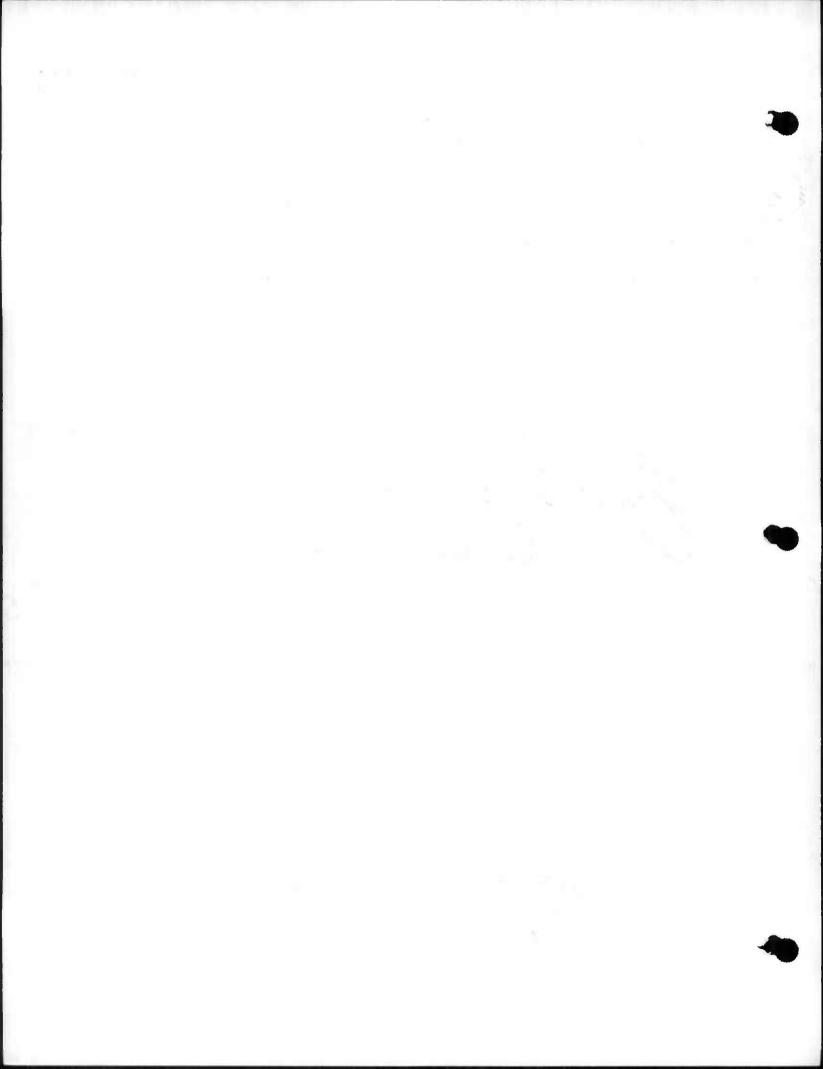
1 - STATE REGISTRAR		CERTIE	ICATE	OF DEA			REG. NO.												
1. DECEDENT'S NAME (First, Middle, Last)		02::::	i Gi ti E	0. 02,		2. DATE O	F DEATH			3. TIME OF DEATH									
Clarence E. F	iolland.	Sr.				12-	7-199		YEAR	M									
		E (in yrs. last birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE O	F BIRTH			IPLACE (State or Foreign									
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9a. FACILITY NAME (If not institution, give stre			96. CITY, 1	TOWN OR LOCAT	TION OF DE		<u> </u>		NTY OF D										
North Arundel H	lospital		G1	en Bu	rnie			Ann	e A	rundel									
10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY									
	Arundel		Pa	saden	a				1 TES 2 NO										
10e. STREET AND NUMBER				10f. ZIP CO	DE			10g. CITI	ZEN OF V	WHAT COUNTRY?									
8105 Dewberry C	ircle Ap	t. 1703			2112	2			U.S	. A .									
	12. WAS DECEDENT EVER FORCES? 1 YE			AS DECENDENT yes, specify Cut				or No—	14. RACE Black	E — American Indian, k, White, etc.									
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2X NO					Speci	Hy:									
15. DECEOENT'S EDUCA	TION	16a, DECEDENT'S	LIEUAL OC	CHRATION		105	KIND OF BUSI	NESS (INC		ucasian									
(Specify only highest grade of	ompleted)		work done du	uring most of worl	king	160.1	MIND OF BUSI	MESS/INC	JUSTHT										
Elementary/Secondary (0-12)	College (1-4 or 5+)		erk				Daile	اد د د	E										
17. FATHER'S NAME (First, Middle, Last)			erk	18. MO	THER'S NA		iddle, Maiden S		_F.X	press									
					Ne11														
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS	(Street and Numb			r, City or Town,	State, Zip	Code)										
Mrs. Cathy Stri	ckler	56	7 We	st Dr	ive	Seve	rna F	ark	, M	D 21146									
20a. METHOD OF SISPOSITION 1 1 Description 2	rel from State	20b. PLACE OF DISPO								own, Stata									
41 Donation Other (Specify)		111111111111111111111111111111111111111	ens c	of Fai	th C	em 1	2-10-	-93	Ba1	t. MD									
21. SIGNATUR VERAL SERVICE LICE	HISEB / /						***			21. SIGNATUR SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
Barranco & SonsFuneral Home 21146 495 Ritchie Hwy Severna Park, MD																			
LIVIL	o I sur	sonce	\mathcal{I} 4	195 Ri	<u>tchi</u>	e Hw	y Ser	<i>r</i> ern	a P	III.E									
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DEC 0 9 1993

BALTIMORE, MARYLAND 21203-3146

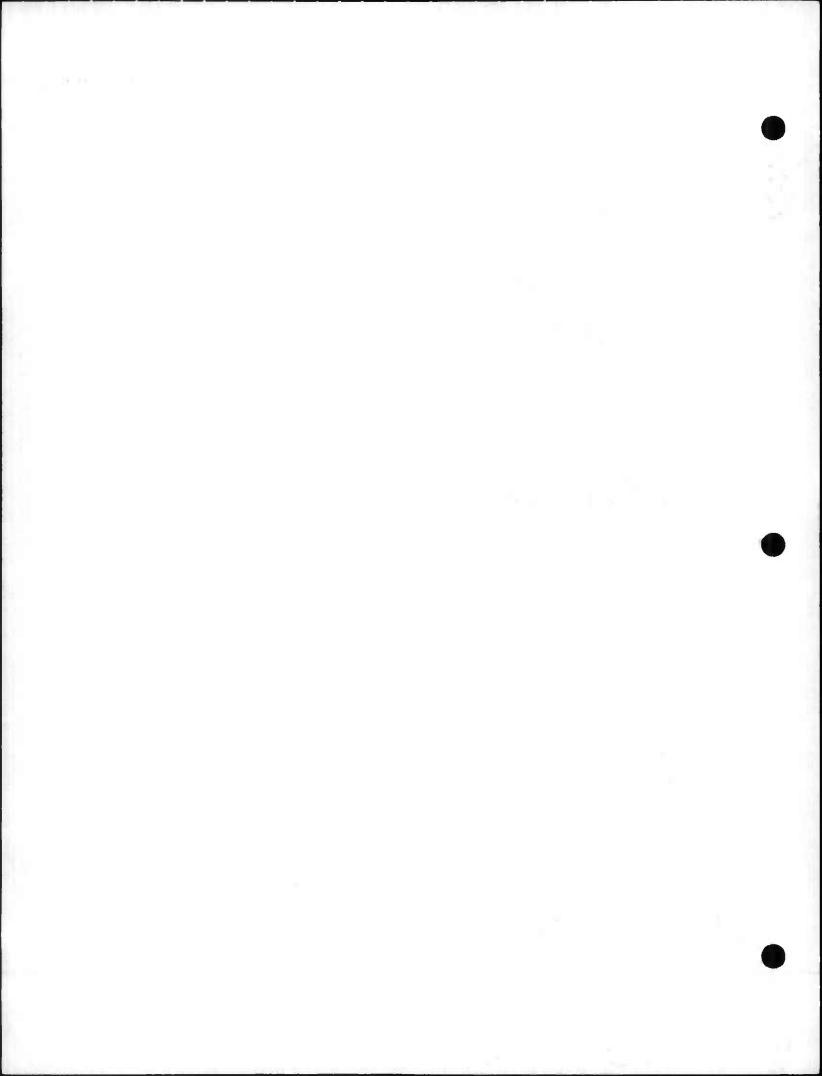


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the Inpeptral or attending physician.	TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burlat-transit permit.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If Item 28 is ma	

9	3	3	7	9	8

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI		13	37198
T)	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEAT	н		. TIME OF DEATH
	Vincent Cletus	HAWBECKER,	Sr.			Dec. 6	1993	YEAR	м
	4. SOCIAL SECURITY NUMBER		//					BIRTHPL Country)	ACE (State or Foreign
- 9	214-09-0396	1 🖾 M 2 🗆 F 80 YRS. MONTHS DAYS			HOURS MIN.	July 24			yland
~	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUN	TY OF DEA	тн
DIRECTOR	11 W. Baltimon	re Street		Hager	stown		Was	hing	ton
S S	10a, STATE 10b, COUN	ту	10c. CIT	Y, TOWN OR LOCAT	ION			10	Od. INSIDE CITY
품	Maryland Wa	shington		Hagerst	own				LIMITS?
AL AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	11 W. Baltimore	Street #413			2174	0	U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	H U.S. ARMED			HC ORIGIN? (Specif		14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	n, Puerto Rican, etc.	.)		hite
	15. OECEDENT'S ED	W.W. II	44- 0505051710						nite
COMPLETED	(Specify only highest gred	le completed)	(Give kind of a	USUAL OCCUPATION Work done during most	or working	16b. KIND OF	BUSINESS/INDU	JSTRY	
P	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+) Unknown		asing Ag	ent	P111	mbing S	upp1	iec
ŏ O	17. FATHER'S NAME (First, Middle, Last)		- 62 611	302116 116		ME (First, Middle, Ma		чррт.	163
BE C	Emmert Hawbecker	•				e Louden			
	19a. IHFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a		Route Number, City or		Code)	
5	Eva Hawbecker		11 W	. Baltim	ore St.	#413 Ha	gerstow	m, Mo	d. 21740
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rei	novel from State	PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 200	LOCATION — C	ty or Town	, State
	4 Donation 5 Other (Specify)		netery, crematory or o Rose Hil	Cemete	ry 12-8	-93 Н	agersto	wn, l	Maryland
	21. SIGNATURE OF JUNE PAL SERVICE L			22. NAME AN	D ADDRESS OF FAC		ich Fun	eral	Home
	Schot 11	2 Minn		415 E	. Wilson	Blvd. H	agersto	wn, l	Md. 21740
	23. PART I. Enter the diseases, of shock, or heart fellure	complications that cause. List only one cause on e	the death. Do r	ot enter the mo	de of dying, sucl	h as cerdiac or n	espiratory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finel			1.,	/	4			Onset and Death
	disease or condition resulting in death)	· Congo	3710	for/we	due 1	6			
		a. 0790 DUE TO (OF AS A	CONSEQUENCE OF	h: n = 6 tiv	· Hon	T Vis			405
CERTIFICATION	Sequentially list conditions,		CONSEQUENCE OF		71 671	- 40	200		7-2
¥	if any, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):					
ᇤ	resulting in death) LAST	d							
AL C	PART II. Other significant condition	ns contributing to death b	ut not resulting i	n the underlying	ceuse given in	Part I. 24s. WA	S AN AUTOPSY	24b. W	PERE AUTOPSY FINDINGS
5						PEF	RFORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
						_ ' ' '	S 2 NO		F DEATH?
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only one)			
Si	1 X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	entient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)			
H	27. MAHHER OF DEATH 1) Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI INJ	E OF 28c. INJU		28d. DESCRIBE HO	OW INJURY OCCU	JRED	
À	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IHJURY building, etc. (Spec	— At home, term, s city)	street, factory, office		28t. LOCATION (St. City or Town, S	reet and Number o Itale)	or Rural Rou	te Number,
<u>u</u>	29a, CERTIFIER					-			
COMPLETED	(Check only	SICIAH: To the best of my know							
8		ER: On the basis of examination	n and/or investigatio	n, in my opinion, de					
BE	296. SIGNATURE AND TITLE OF CERTIFIE	- 2006 kg			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (M	Conth, Day, Year)
2	30. HAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	7/10	1 7	1 - 2	20	4 12
	H. N. W	seks 58	go Novi	Town Hr	H	Ayersto	un he	d	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				1			
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RECTOR: After this certificate has been signed by the attending physician and completely	urs after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremativ
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and compiletely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

1 - FOR STATE REGISTRAR 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Hollensher Rankin 1350 12 3 3 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) B. SIRTHPLACE (State or Foreign PENNSY/VANIA 183 2184 1 M 2 F 16 85 YRS. 04/05/1908 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Washington Hospital HAGERSTOWN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PA "ulton Needmore 1 YES 2 4-NO FUNERAL 10e. STREET AND NUMSER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE HCR 80 17.238 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete intary/Secondary (0-12) College (1-4 or 5+) FARMER Agriculture 8 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S, NAME (First, Middle, Melden Surname) Ruben Hollensheno BE AURA 19a. INFORMANT'S NAME (Type/Print) 2 Delmar Needmon 20a. METHOD OF DISPOSITION
1 © Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Lain 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kelso Cernelius Funceal Kodger 322 N. 2nd St. McConnellsburg 17237 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Thoracic Aneurysm Rophured DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO JOB AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? M. II. Ws Dabeter 1 YES 2 NO OF DEATH? Discuse Ask-y Caruna-1 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 -10 1 Inpetient 2 ER/Outpetient 3 DOA

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRISE HOW INJURY OCCURED 1 Natural 5 Pending 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined

CERTIFIER (Check only one) 2 MEDICAL SYMMOTOR OF STANDARD OF STAND 29a, CERTIFIER

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS	OF PERSON	WHO SOMPLI	ETED CAUSE OF	DEATH (IT	EM 27) (Type, Print)
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KARL P. RIGGE MA 11110 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JEU 0 6 1993

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit	ă	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO.	93	37200
	1. DECEDENT'S NAME (First, Middle, Last) EVANGELINE		DRICK			2. DATE OF DEATH MONTH DAY	1993 YEAR	3. TIME OF DEATH 2;00 P. M
	4. SOCIAL SECURITY NUMBER 225-28-8567	1 □ M 2 🄀 F	n yrs. lest birthday) F t 76 YRS. MON	MDER 1 YEAR THE DAYS	IF UNDER 24 HMS. HOURS MIN.	7. DATE OF BIRTH Feb. 9,191	7 8. BIRT	THPLACE (State or Foreign natry)
TOR	90. FACILITY NAME (If not inetitution, give 604-A Riley Cour RESIDENCE OF DECEDENT			Joppat	R LOCATION OF D	EATH	9c. COUNTY OF Harfo	DEATH rd
DIRECTOR	10e. STATE 10b. COUN	r ford		wn or Locati	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 604-A Riley C	ourt			ZIP CODE 1085			S A
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 TWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE If yes, spe 1 — YES	cify Cuben, Mexico	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Bia	CE — American Indian, ack, While, etc. epily: 1. TE
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 12	UCATION to completed) College (1-4 or 5+)	(Give kind of work of the Do NOT use reti Housewiff	done during mos red.)	N it of working	16b, KIND OF BUSI		
BE CON	17. FATHER'S NAME (First, Middle, Last) Cornelius (ni	mn) Downin	g		18. MOTHER'S NA Frances	ME (First, Middle, Meiden S Burke	Spindle	
10	190. INFORMANT'S NAME (Type/Print) Edward D. Hedri	ck	196. MAILING ADD 604-A	Riley	Court,	Route Number, City or Town, Joppatowne	Statu, Zip Code) , Md. 2	1085
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF-FUNERAL SERVICE L	movel from State cem	PLACE AND DATE OF DIS etery, crematory or other p t. Mary s	Cemete	ry, 1	2-1593		lk, Va.
	Stoshu a.	Much		1317	Cokesbu	Comas III F ry Road, Ab	ingdon,	
	23. PART I. Éntar tha disessa, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio	ich iine.	nter the mod	A	h as cardiac or reapin	itory arrest,	Approximata interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	CONSEQUENCE OF):					
CERTIF	that initiated events resulting in death) LAST	d.	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other significant gonditio	ens contributing to death b	Left	e underlying	cause giverin	Pert . 24e. WAS AN A PERFORM 1 YES 2 (IED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ouip		HER:	CE OF DEATH (Ch	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	IRY AT	28d. DESCRIBE HOW IN.	JURY OCCURED	
	3 Suicide 5 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, street	, lactory, office		281. LOCATION (Street an City or fown, State)	d Number or Rural	I Route Number,
COMPLETED		SICIAN: To the best of my knowl IER: On the beete of examination						(s) end manner as stated.
TO BE (29b. SIGNATUR AND TITLE OF CERTIFIE	2 Jun	MD		29c. LICENSE NUI	19 D	29d. DATE SIGNE 1 2	(Month, Day Year)
	JOHN	HO COMPLETED CAUSE OF DE	HAVI		DE 9	RACE	M	D
	DEC 1 3 '93	34. REGISTRAR'S SIGN						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the steen after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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death certificate	attending physi-	ental Hygiene pri	ry, or other to	
equires that the	en signed by the	of Health and Mi	hows any Inju	
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SPITAL OR AT	VERAL DIRECT	nin 72 hours at	VT: If Item 2	
THE HO	TO THE FUI	be filed with	IMPORTA	

1. DECEDENT'S NAME (First	, Middle, Last)	Carlyle	F. Hen	ey,						E OF DEATH			3. TIME OF DEATH
CARL	-YLE	F		HEI	UE .	7			U.G.	C 4	109	YEAR	3:4x P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	. lest birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH	111	8. BIRT	NPLACE (State or Foreig
579-60-182	-	1 M 2 D F	94	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan	th, Day, Year) . 28,	1898	Coun	Arizona
9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY	Y, TOWN C	OR LOCATE	ON OF D	EATH		9c. COU	NTY OF	DEATN
RESIDENCE OF DE	ET.	INI			14	EV	5 6	HV	SE		n	101	NTG.
10a. STATE	10b. COUNT	γ		10c. CI	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
				Was	shing	gton,	D.0						t X YES 2 NO
10e. STREET AND NUMBER						101	ZIP COD	Ė			10g. CIT	IZEN OF	WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2	Mambad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED NO						N? (Specify Ye Rican, etc.)	ea or No-	14. RAC Bloc	E — American Indian, ik, White, atc.
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(Specify on Elementary/Secondary (y highest grade 3-12)	College (1-4 or 5	F)	(Give kind of life. Do NOT	work done use retired.)	during mo	st of worldr	ng					
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17. FATHER'S NAME (First, A	liddle, Last)									Middle, Meide	n Sumame)		
Ben Heney								_	nia l				
19a. INFORMANT'S NAME (nber, City or To			,
Ken Foster								, Was		gton, D		_	
20a. METHOD OF DISPOSIT	n 3 Ram	oval from State		CE AND DATE , crematory or			me of		DA'	TE 20c. L	OCATION -	City or T	own, State
21. SIGNATURE OF FUNERA			HOI	A HUb	E CEN	METEI	5.A.			THO	SON	ART	ZONA
	L SERVICE LI	CENSEE	4.5		22.	NAME AP	ID ADDRE	SS OF FA	CILITY		,		
pn:	L SERVICE LI	CENSEE	0.		22. J	NAME AN		wlei	c's	Sons,	Inc.		
23. PART I. Enter the dishock, or h	iseeses, pr	E.M.	t caused the	desth. Do	22. J	name ar loser	h Ga Wisc	wle	in A	ve,NW,	Inc. Washi	ngto	On , DC 2001 Approximate
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing an urs after death. Page 6 may be retained by the host
Cleared by Dr. Mayle, Dec. 9, 1993 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	KRIE	HMar	ik GE	RH	loerge	er		2.	DATE OF DE	EATH DAY	93 YEAR	3. TIME OF DEA	Рм
	4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 I		DATE OF BIE	RTH	8. BIRT	THPLACE (State or I	Foreign
	578-26-339	2	1 🗆 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS N		Month, Day,	· 1904	Cour Ma	rvland	
	9e. FACILITY NAME (If not is	nstitution, give atn	eet and number)			9b. CITY	TOWN (OR LOCATION				COUNTY OF		
DIRECTOR	Shady Grov		ing Home			Roo	ckvi	lle				Montgo	mery	10
S	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWH C	R LOCA	TION					10d. INSIDE CIT	Υ
급	Maryland	Monto	omery		В	ethe	sda						1 YES 2	ND
4	10e. STREET AND NUMBER							. ZIP CODE			10g	. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	5809 Massa	chusett	s Avenue					20816				United	States	
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR		13.	WAS DEC	ENDENT OF H	IISPANIC D	RIGIN? (Spe	cify Yes or N	0— 14. RAI	CE — American Inc	lien,
à	1 Never Married 2 3 Widowed 4 Dive		IF YES, GIVE WA					ecify Cuben, N 2 X NO		MITO RICERI,	ett.)		White	
9		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATION	DN		166. KIND	OF BUSINES	S/INDUSTRY	***************************************	
	(Specify on Elementary/Secondary (ly highest grade of 0-12)	College (1-4 or 5+)	(Gi	Do NOT u	work done	during mo	est of working						
COMPL	12				les	perso	วท			Re	tail			
Š	17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOTHER	'S NAME (First, Middle,	Maiden Surna	me)		
ш	Unknown							Unkr	nown					
0 8	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street	and Number or		Number, Cit	y or Town, Sta	te, Zip Code)		
۲	Joseph Alb	ert (Grandson) 6	225	Walh	ondi	ng Rd,	Bet	hesda	, MD	20816	5	
	20a. METHOD OF DISPOS∏ 1 ☐ Burlal 2 💢 Crematic		and drawn Starts		OF DISPO			netery, cremato			20c. LOCATIO	N — City or	Town, State	
	4 Donation 8 Other		Val Irom State					Cremato				el, MD		
	21. SIGNATURE OF FUNERA	AL SERVICE LICE	ENSEE			22. D	NAME A	FUNCIA	OF FACILIT	Y The income	o D	٥		
	no de	- K.E	lul	MOO	827			ist Av					20910	
	23. PART . Enter the dehock, or he immediate Cause (Fi disease or condition resulting in death)	nasrt fellure, L	ist only one caus	caused the de	0	fer	the mo	de of dying	, auch as	cardiac o	or respirator	y arrest,	Approxir interval Onset sr	
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8		- 0						7			(+	1917		
EDICAL	PART II. Other significa	ent conditions	contributing to	deeth but not r	resulting	in the ur	derlyin	g ceuse give	en in Pari		WAS AN AUTO	7	MAILABLE PRIO COMPLETION OF	R TO
		A	1000	110	CV C					10	YES 2	ID .	OF DEATH?	
Σ		A	YUN		-								1 YES 2	ND
A N	25. WAS CASE REFERRED 1	TO MEDICAL					26 P	LACE OF DEAT	TH /Check o	not one)				
HYSICIAN	EXAMINER?		HOSPITAL:	EB/Outsetlant 8	Пров	OTHE	a :							
¥	27. MANNER OF DEATH		28e. DATE OF	The second second	28b. TIN			IURY AT	-		cily) E HOW INJUR	V OCCURED		
<u>a</u>	1 Naturel 5	Pending	(Month, Da	ly, Year)		JURY	W	PRK? YES 2 N	0					
0	2 Accident 3 Suicide	Investigation	28e. PLACE OF	INJURY — At ho	me, ferm.	street, fact				LOCATION	(Street and N	umber or Rum	I Route Number.	
E	4 Homicide	Could not be determined	building, e	etc. (Specify)						City or Tow				
2	29a. CERTIFIER (Check only	TIFYING PHYSIC	DAN: To the best of a	my knowledge, de	ath occum	red at the t	lme, date	and place, an	nd dua to ti	he cause(a)	and manner s	e stated.	-	
COMPLET	anal -	DICAL EXAMINER	3: On the besis of ax	amination and/or	Investigati	on, in my o	opinion, d	leath occured	at the time	, data and p	place, and due	to the cause	e(a) and manner as	stated.
U U	296. SIGNATURE AND TITLE	E OF CENTIFICA	11	1		2		29c. LICENS	E NUMBER	2	290	. DATE SIGNI	ED (Month, Day, Yea	r)
∞	X	- Hu	idho	Ras	N	w		D35	79	12	•	12-	8-9	7.
2	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ)	a, Prine)	EI	Me	ms	TOX	VD	RR	ockri	110
	31. DATE FILED (Month, Day,	Year)	22. REGISTRAI	N'S SIGNATURE	82							,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

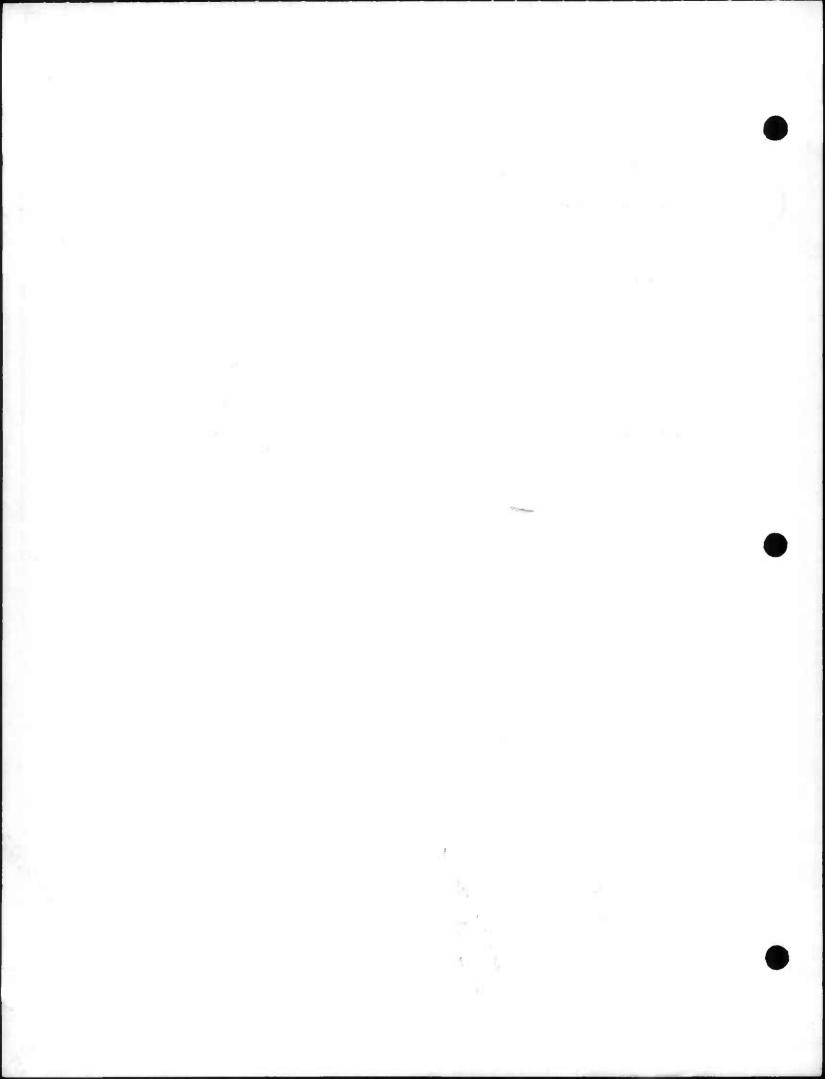
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Š	1. DECEDENT'S NAME (First)		nda Hope	Hambler						2. DATE OF	F DEATH DA	W .	YEAR 993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. las		IF UNDER	- vean	IF UNDER	An Lang	7. DATE OF	1	- (-	1	2 . Y. W
	213-50-387		1 □ M 2√√F	44	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	Day, Ybar)	- 240	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in			44		ah CITY	TOWN	OR LOCATIO	ON OF DE	Mar.	21,	_		hington, DC
DIRECTOR	Suburban H	ospital					thes		DN OF DE	AIN		District Control	nty of or ntgor	
EC	RESIDENCE OF DEC	10b. COUNTY	,		10c, CITY	Y, TOWN O	OR LOCA	TION						
SIR	Maryland	Montgo						ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		мегу		ROC	ckvi.		f. ZIP CODE				Ton CIT		1 TES 2 XXNO
FUNERAL	11513 Hitch:		at Tana				101							HAT COUNTRY?
N.	11. MARITAL STATUS	Ilig Fos		NT EVER IN U.S. AR	***ED	12	770 060	2085						States
	1 Never Married 2	Married	FORCES? 1	YES 2		1 1	If yes, sp	ecify Cuber	n, Mexican	NC ORIGIN? (n, Puerto Rici	Specify Yea an, etc.)	or No-	Black,	— American Indien, , White, etc.
ВХ	3 Widowed 4 Divo	brood	IF YES, GIVE W	AR OR OAIES		1	1 TYES	2 😿 NO	Specify				Specifi	y: ite
6		CEDENT'S EDUC		16a. DE	ECEOENT'S I	USUAL O	CCUPATIO	ON		16b, K	IND OF BUS	SINESS/INC		
E	Elemantary/Secondary (0	ly highest grade c 0-12)	College (1-4 or 5	+) (Gi	live kind of w Do NOT use	ork done o e retired.)	during mo	st of workin	g			***************************************		
릴			4		lyst					F.	D.A.			
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Lest)			=,-			18. MOTE	NER'S NAI	ME (First, Mid		Surname)		
BE C	Linder Hamb	blen						l		. Shee				
	19a. INFORMANT'S NAME (7			19'	b. MAILING	ADDRESS	S (Street s			Route Number,		n. State, Zip	Code)	20852
임	Mina S. Har	mblen												ryland
	20a. METHOD OF DISPOSIT	TION		20b. PLACE	ANDDATEO	F DISPOS	SITION (NE	ame bt 2 /	10/9	3 DATE	1 29c, LO	CATION -	City or Ton	- Y Lanu
	1 S Buriel 2 Cremetio 4 Donation 5 Other	on 3 Remon	val from State	cemetery.cre Parkl	matory or oth	her blece!								Maryland
	21. SIGNATURE E FUNERA		ENDLE	- Jacker	CL WIII I.	22.	NAME AF	NO ADDRES	SS OF FAC	CIUTY DO	L ant	VATT1	le, r	laryrand
	1	10	D.	M	100803	He	ome/	Rock	ville	e, In	Ser C3	DO WE	lmpn.	rey Funeral Montgomery
-	/ Var	XC.	ene	1		Αī	venu	e, Ro	ockv:	ille.	Mary	land	2085	50-2805
	23. PART I. Enter the di ahock, or he	isesses, or co leert fellure. L	omplications the	t caused the de	eth. Do no	ot enter	the mo-	de of dyle	ng, such	1 aa cerdis	c or respir	ratory arm	est,	Approximata interval Between
	IMMEDIATE CAUSE (Fin		/											Onset and Death
	disease or condition resulting in death)	\rightarrow .		NURO	5 X1	A	1	JAR	VOS	A				20 YKS
			DUE TO	(OR AS A CONSEC	DUENCE OF):							-	
N	Sequentially list conditi	lons. D.	L											
¥	If any, leading to immed cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEC	NUENCE OF)	j:								
5	CAUSE (Disesse or Inju		DUE TO	CO AS A CONSE	THE OF OF							(3)		
	that initiated events resulting in death) LAS	iτ	OUE TO	(OR AS A CONSEC	JUENCE OF):								
CERTIFICATION	1 20174 THE OF PRINCES	d.	-											
	PART II. Other significe	ent conditions	contributing to	deeth but not r	esulting in	n the un	ideriyin	g ceuse ç	lven in f	Part i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	HYPOX	IA	HUPOT	- Work MI	A	5	EV	17/0	-		PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	MAI	TUW.	HUPOT REGIOT	NI PS	SVI	INS	LC	BUDY		444	YES 2	MG	- 1	OF DEATH?
Σ :	G ASTRUIN			1001h		V -		Cr. U.		3 1				1 TYES 2 NO
CIAN:	25. WAS CASE REFERRED TO			766777	<u> </u>		26. PI	ACE OF D	EATH (Che	ock only one)				
SIC I	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER	R:			8 Other (S	2			
PHYSI	27. MANNEN OF DEATH		28e. DATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT	sidence		RIBE NOW IN	AJURY OCC	HIRED	
BY P		Pending Investigation	(Month, D	ay, Year)	INJU	RY	WO	PRK7 YES 2	ON				701100	
	2 - 0.000	Could not be	28e. PLACE O	OF INJURY — At hor	me, farm, st	ireet, fact	ory, offic	•			ION (Street a	ind Number	or Rural Ro	oute Number,
ш		determined	ounding,	atc. (Specify)							Town, State)			
4	29a. CERTIFIER				The converse	d at the ti	- data	- d place						
۱۱ 🚅		TEVING PHYSICI	YAM: To the heat of		4th occurrer	I at the tr	ime, date	and place,	, and due ?	to the cause		ner as state	ed.	
3			ZIAN: To the best of R: On the besis of as							Yme, deta an	d place, and	I due to the	n cause(a)	and manner se stated.
	one) 2 MEDI	ICAL EXAMINER						eath occure	red at the ti		id place, and			and manner as stated.
D BE COMPLET		ICAL EXAMINER						eath occure			nd place, and			(Month, Day, Year)
	one) 2 MEDI	OF CHRTIFIER		SE OF DEATH (ITEM	Investigation M 27) (Type, I	n, in my o	opinion, de	29c. LICE	ENSE NUMI			29d. DATE	E SIGNED	(Month, Day, Year) 7,1993

32. REGISTRAR'S SIGNATURE

0 9 1993



	1. DECEDENT'S NAME (First, Middle, La	Hochu						2. DATE OF DEAT	TH SAY	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER t	YEAR IF UNDE	R 24 HRS.	Month, Day, Ye	er)	8. BIRTH Count	IPLACE (State or Formy)
	9a. FACILITY NAME (If not institution, gr		83	YRS.	ah CITY T	OWN OR LOCAT	TON OF DEAT	04-15-		UKR.	AINE
į								n .			
	HOLY CROSS HOSPI					ER SPRI	NG		MUI	NTGOM	
DIR	10a. STATE 10b. COL				Y, TOWN OR						10d. INSIDE CITY LIMITS?
	MARYLAND MON'I 10e. STREET AND NUMBER	GOMERY		CHE	VY CHA	101. ZIP COO)E		10g. C	TIZEN OF Y	WX YES 2 1
FUNERAL	8506 GRUBB RD.					208	15			TED S	
BT FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W WORLD WA	MR OR DATES	RMED NO	18 1	AS DECENDENT yes, specify Cub YES 24 NO	an, Mexican,	ORIGIN? (Speci Puerto Rican, etc	ty Yes or No— c.)	14. RACI Black Spec	
LETED	15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	t6e. Di	Bive kind of a b. Do NOT u	se retired.)	UPATION ring most of work	ing		F BUSINESS/I	NDUSTRY	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		SAI	ESPE	RSON						ASHERY
20	ABRAHAM HOCHMAN					200		E (First, Middle, M UTCHER	aiden Sumame)	
00	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (ute Number, City of	or Town, State,	Zip Code)	
2	LAURA HOCHMAN	Try to the	8	3506	GRUBB	RD. CH	EVY C	HASE, M	D. 208	815	
	200 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F	lamoval from State	cemetery, cr	ematory or o	OF DISPOSIT	ION (Nama of		1	c. LOCATION		
	4 Donation 8 Other (Specify)	LICENSEE	MT. I	EBAN	ON	AME AND ADDRE			DELPH	I, MD	•
	1	1	sul	20	DAI	NZANSKY	-GOLD	BERG ME			PELS, IN MD. 208
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO DUE TO MYC	OM QV Y OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE O	Car	0	yope tren	a fly	· l		
2	resulting in death) LAST	d.									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached. II.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from sites death. Page 6 may be retained by the hospi

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

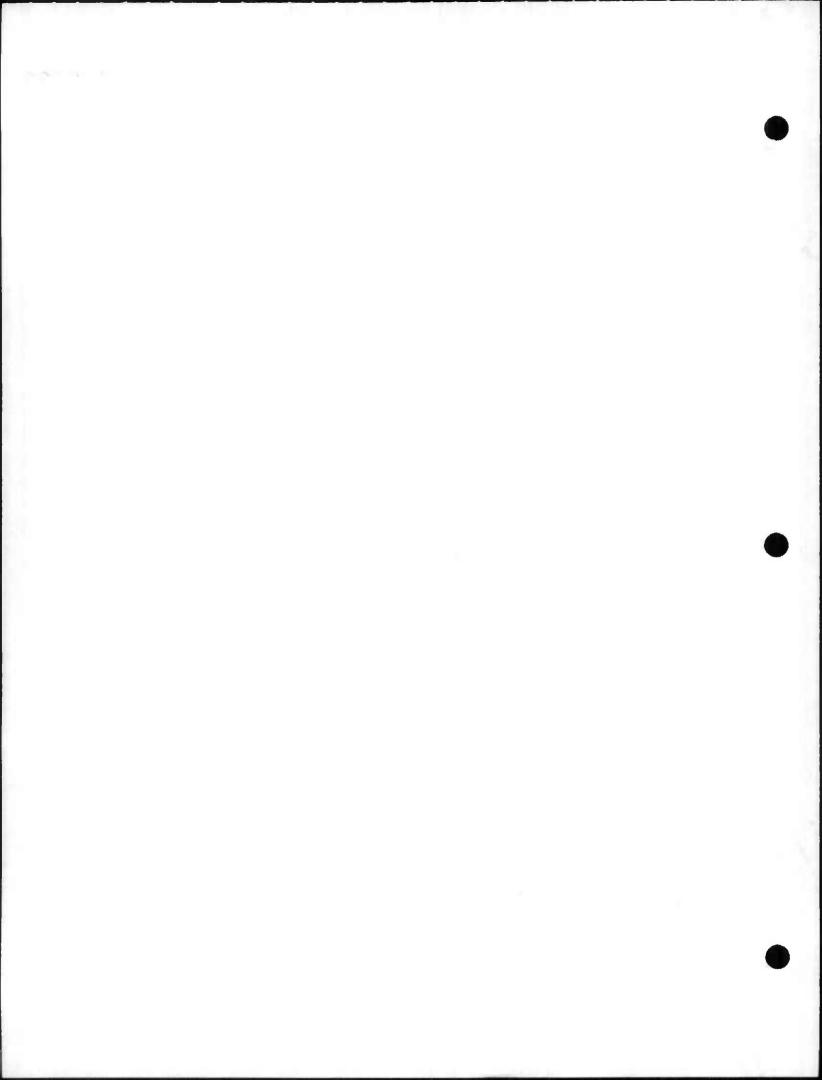
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	37
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. DECEDENT'S NAME (First,	Middle, Last)								E OF DEATH			3. TIME OF DEATH
Martha		E.		Hou	ser			MON	ember	Δ 1 Q	YEAR Q 2	8:10 Z
SOCIAL SECURITY NUMB	ER	6. SEX	B. AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	7, 1	s. BIRT	NPLACE (State or Foreign
174-16-6646		1 🗆 M 2 🔯 F		71	YRS.	MONTHS DAYS	HOURS MIN.	Ja	th, Day, Year) n. 26,	1922	Count	nnsylvania
e. FACILITY NAME (If not in	stitution, give a	street and number)	1.4			9b. CITY, TOWN	OR LOCATION OF			9c. COU		
1004 Gilb		oad			- 4	Roc	ckville				Mont	tgomery
ESIDENCE OF DEC	10b. COUNT				40- 00774	TOWN OR LOCAT						
aryland		gomery			100	cville	ION					10d. INSIDE CITY LIMITS?
e. STREET AND NUMBER	Honey	gomery			ROCI		, ZIP CODE		-	T 10 CITI	TEN OF	¥X YES 2 ☐ NO
004 Gilbert	Road						20851					States
I. MARITAL STATUS	nouu	12. WAS DECEDEN	T EVER IN	U.S. ARM	ED		ENDENT OF HISP	NIC ORIGI	N? (Seecify Y			
Never Married 2		FORCES?	YES	2 AN)	If yes, sp	ecity Cuben, Mexic	an, Puerto	Rican, etc.)		Spec	E — American Indian, ok, White, atc.
☐ Widowed 4 ☐ Divo	rced				-10			.,,.		200	I	White
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Elementary/Secondary (0		College (1-4 or 5	+)	Mo. L	Do NOT use	retired.)						
12				Hom	emak	er			Own Ho	me		
. FATHER'S NAME (First, Mi							16. MOTHER'S N			n Surname)		
Floyd Clar					10.0		Jenni					
a. INFORMANT'S NAME (7)							and Number or Rura					00053
Joseph R.		r					Road, Ro					20851
METHOD OF DISPOSITI Burlal 2 X Crematio	n 3 🗆 Rem	noval from State	20b cem	PLACE AP	atory or oth	er place)	med 2/6/9 torium,	3 OA	TE 20c. L	OCATION —		
□ Donation 6 □ Other		CENTRA		oneg	omer							aryland hrey Funer
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTN CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		כ	3 3120
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH P
	MICHAE	L AMBROSE HI	RREL			DEC 4	1993	TEAR	1:55 M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRTNI	PLACE (State or Foreign
	022-12-2179	1 M 2 F	71 YRS.	LATE DAYS	MOUNS WIN.	JUL 23 1	922		SACHUSETTS
000	9e. FACILITY NAME (If not institution, give a	itreet end number)	96	. CITY, TOWN O	R LOCATION OP D	EATH	9c. COUNT		
DIRECTOR	NATIONAL NAVAI	the state of the s		LECT E.S.	HESDA		MOI	NTGO	MERY
2	10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MARYLAND MOT	NTGOMERY	SILVER S						1 TES 2 NO
FUNERAL	104. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZI	EN OF W	HAT COUNTRY?
빌	9724 ADMIRALTY					0910	UN:		STATES
	1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 TNOTT C	If yes, spe	city Cuben, Mexico	NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.)	es or No- 1	14. RACE Black,	— American Indien, White, etc.
ВУ	3 Widowed 4 Divorced	1950 - 19		1 TYES	2 XNO Specif	y:		Specify	WHITE
0	15. DECEDENT'S EDU	CATION	16e, DECEDENT'S USL	JAL OCCUPATIO	N	16b. KIND OF B	USINESS/INDU	STRY	WILLE
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	at of working				
귤		5+	COLLEGE	PROFES	SOR	TEACH	ER/EDU	CATO)R
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maide	n Sumame)		
BE (PHILIP HIRREL				CATHE	RINE MCLA	ICHLIN		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street or		Route Number, City or To		Code)	
F	SURISA T. HIRR	EL_	9724 A1	DMTRALI	Y DRIVE	SILVER	SPRING	. MD	20910
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		b. PLACE AND DATE OF O	ISPOSITION (Nat	ne of	OATE 20c. 1	OCATION - CI		
	4 Donation 6 Dother (Specify)	A	ARLINGTON N	TTIONA	L CEMETI	ERY 11/9 A	RLINGT	ON,	VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADORESS OF FA	CILITY OLLINS FUN	IFRAI. H	IOME	TNC
	> Steven /)	Sturel				VD. W., SI			
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not a						Approximata
	shock, or haart failure. IMMEDIATE CAUSE (Final	List only one cause on a	each iina.		,			,	intarval Between Onset and Daeth
	disease or condition	MICOLD	DIAI THEAD	COTON					Onset and Dawth
	resulting in death)		DIAL INFAR A CONSEQUENCE OF):	CTION					
z		b CON	GESTIVE HE	ART FA	TTHEE				į į
음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF):		LHOILL				
<u>8</u>	cause. Entar UNDERLYING CAUSE (Disease or injury	C							
불	that initiated events resulting in death) LAST	OUE TO (OR AS /	A CONSEQUENCE OF):						
CERTIFICATION	Tooding in down poor	d							
AL O	PART ii. Other significant condition	a contributing to death i	but not resulting in th	ha undarlying	cause given in	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
\ <u>5</u>					occupation o	PERF	PRMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 □ YES	2 LANO		OF DEATH?
2						-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 X Inpetient 2 ☐ ER/Outs		THER:		6 Other (Specify)			
H	27. MANNER OF DEATN	26e. DATE OF INJURY	28b. TIME OF	F 28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRULNI		ES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	Y — At home, ferm, street	t, fectory, office		261. LOCATION (Stree	and Number or	Runal Ro	oute Number,
핕	4 Homicide determined	building, etc. (Spec	Chy)			City or Town, Stat	9)		
1 1	29e. CERTIFIER 1 K CERTIFYING PHYSI	CIAN. To the beet of my know	viedge, death occurred at	the time date	and place, and due	to the cause(s) and m			
COMPLETED		R: On the basis of exemination							end manner en stated
	29h. SUGNATURE AND THE OF CERTIFIES			-	29c. LICENSE NUI				
8	12 more	son M.	P.				ZVG. DATE S	-	Month, Day, Year)
일	30. NAME AND AODRESS OF PERSON WH			n()	D-342	AL NAVAL 1	VED TO AT		NTER
	R. L. MORRISSES	_				DA MD 208			MIEK
	31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S SIGN	ATURENO		PLIMES	DA FID ZUO	55-5000	J	
	DEC 0 9 1993 9	rula Davidson-Ma	Aller and						



3. TIME OF DEATH

YEAR

REG. NO.

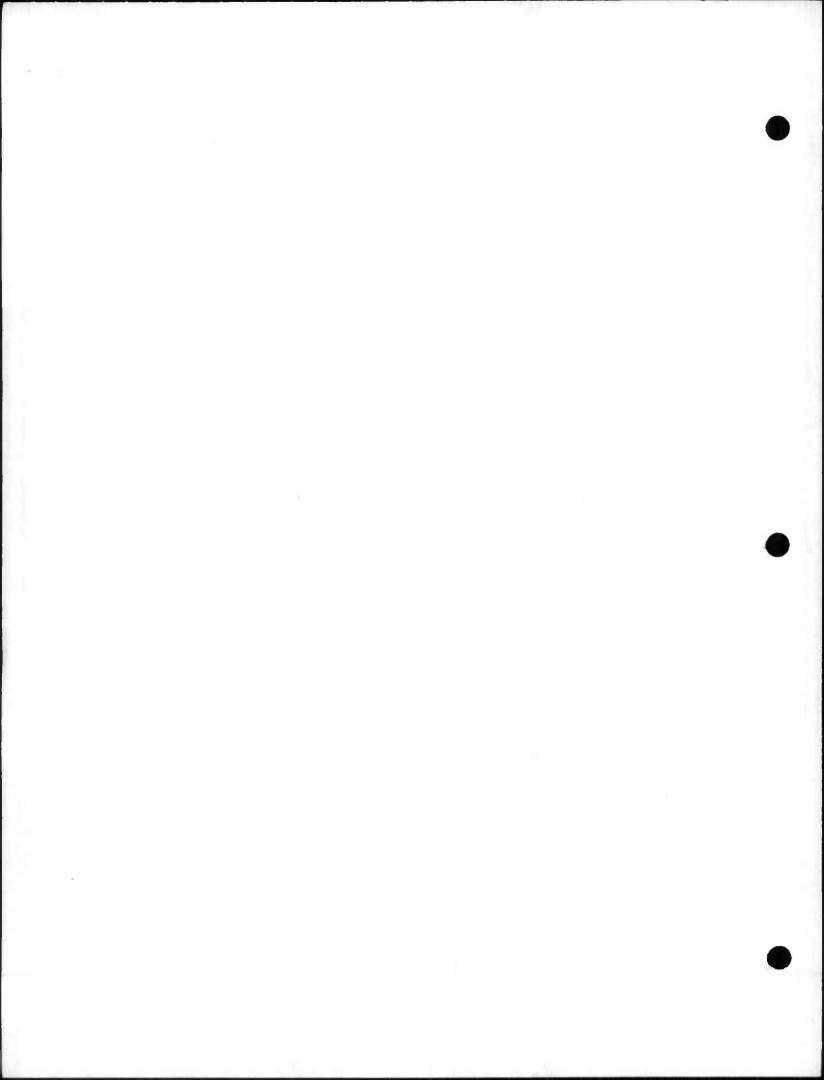
2. DATE OF DEATH DAY

MARGARE

Hubbard. 93 10:42 PM Dec 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🔯 F DAYS HOURS YRS. 240-09-4782 Feb. 16, 1916 North Carolina Inhould be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01ney Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 TES 2 TO NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3701 International Drive 20906 U.S.A. mained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: 3 Nidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) notified at Jesse Harrison BE Sarah Kesler 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan King 14516 Bauer Drive, Rockville, MD 20853 8_sgrayate 9 20a. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Parklawn Memorial Park 12/10/93 Rockville, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home after death. 10 East Deer Park Drive Gaithersburg, MD 20877 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final and completely filled to burial, cremation, o the disease or condition Cardio Vasaclar executed within resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AWAIL ARL F PRIOR TO truction COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO has been signe bept. of Health n 23 shows a 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) certificate here the State f. or item HOSPITAL:
1 Ninpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED death with 1 Natural
2 Accident 5 Pending investigation -24 1 YES 2 NO Lost BY 28e. PLACE OF INJURY - At home, farm, street, factory, office DIRECTOR: A hours after de liem 28 is .00 3 Suicide 261. LOCATION (Street and Number of Rural Route Norober, City or Town, State) COMPLETED 6 Could not be 4 Nomicide Hone soire locaston soins 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL OF THE FUNERAL DE BE filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF OPHTIFIER. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D08546 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 8 Odhow 8218 W12 CON214 aubor NET aug 31. DATE FILED (Month, Day, Year) 32. HEGISTRAR'S SIGNATURE ha Davidson-Randell EC 0 9 1993



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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2. DATE OF DEATH MONTH Hennessy 10 seph 4. SOCIAL SECURITY NUMBER 8/ 6. AGE (#1 yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 9e. FACILI RESIDE 10e. STATE TO BE COMPLETED BY FUNERAL DIRECTOR M 10e. STREE 12 11. MARITA BALTIMORE, MARYLAND 21215-0020 1 Neve 3 K Wido Eleme 17. FATHER 19e. INFOR R 20e. METH 1 Durie 4 🗆 Done 21. SIGNAT 1 23. PART IMMEDIA disease TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequanti if any, ia cause. E CAUSE (that initi resulting PART II. 25. WAS CA 27. MANNE 1 No No 2 Ac 3 St 4 Ho

FOR STATE REGISTRAR

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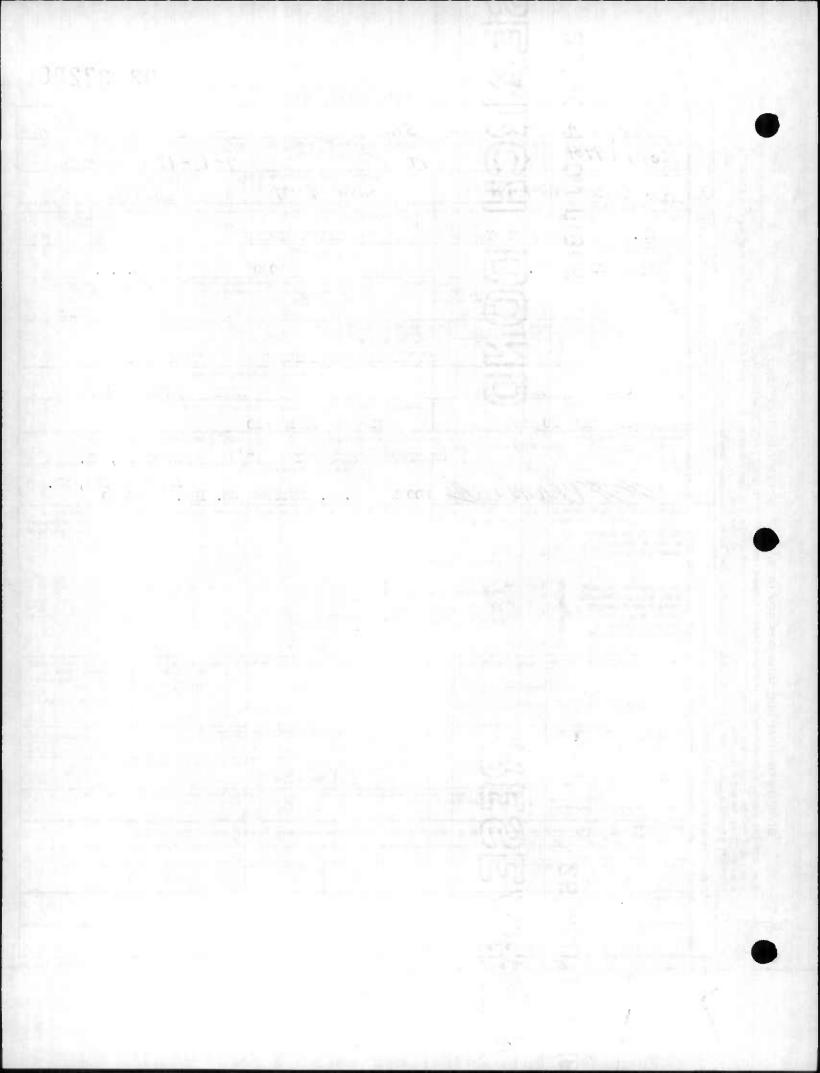
93 37208

YEAR 93

3. TIME OF DEATH

067-14-9701	1)X M 2 🗆 F	74 YR	S. MONTHS	DAYS HOURS MIN.	(Month	- 19-19	NEW	YORK
דוטון רייי	treet and number		96. CITY, T	OWN OR LOCATION OF D	DEATH	MD MC	INTY OF DEA	0 -
10e. STATE 10b. COUNTY	,	100	CITY, TOWN OR	LOCATION				od. INSIDE CITY
	VIGOMERY	100		ILVER SPRI	NC			LIMITS? X YES 2 NO
10e. STREET AND NUMBER	120012211			101. ZIP CODE	710	10g. CIT		AT COUNTRY?
12315 MIDDLE F	D.			209	06		U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED		S DECENDENT OF HISPA				- American Indian, Vhite, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		YES 2 XNO Speci		rican, etc.)	Specify:	WHITE
15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give kind	IT'S USUAL OCC	UPATION ing most of working	166	. KIND OF BUSINESS/IN	DUSTRY	and the second
Elementary/Secondary (0-12)	College (1-4 or 5+)		TSTON F	LECTRICIAN		ENCTAIN	PDTMG	
17. FATHER'S NAME (First, Middle, Last)		THIEV	TOTON E		_	ENGINEI Middle, Melden Surname)	CKING	
	ENNESSY			ioi motificiti o ii.	MAI		E ELL	BALL
19e. INFORMANT'S NAME (Type/Print)		19b, MAR	LING ADDRESS (Street and Number or Rural				LL
ROXIE ANN BU	TILER		SAME A	S ITEM #	10			
20a. METHOD OF DISPOSITION 1		b. PLACE AND DA metery, cremetory CHAMBE	TEOFDISPOSITI		12/8			
21. SIGNATURE OF FUNERAL SERVICE LIC		CHAMDE		MATORY ME AND ADDRESS OF F		RIVERI	JALE,	MD.
MACK	ambersa	7 MO09	1 W.	W. CHAMBE	RS CC	SILVEI O. INC.	20910	NG, MD.
23. PART I. Entar the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respira	A CONSEQUENCE	Faile	ire	cn aa can	diec or respiratory as	rreat,	Approximata interval Between Onset and Daath
Sequantially list conditions,	· ful mo	A CONSEQUENCE	Ede.	na			1	luk
if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Myoc		IV	farcto	ń			Iwk
PART II. Other significant condition	a contributing to daeth	but not result	ng in the unde	orlying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
Prabeled					_	1 U YES 2 NO	0	OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 NO	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C				
27. MANNER OF DEATH	28e. DATE OF INJURY			g Home 6 - Residence	_	or (Specify) SCRIBE HOW INJURY OF	CUBED	
1 Netural 5 Pending	(Month, Day, Year)		INJURY M	WORK?				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, te	rm, street, factor	r, office		CATION (Street end Number or Town, Stete)	er or Rural Rou	te Number,
	CIAN: To the best of my known: R: On the basic of examination							nd menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES	mp			29c. LICENSE NU		29d, DA	TE SIGNED (M	fonth, Day, Year)
30. HAME AND ADDRESS OF PERSON WH	r mp	3947	Type, Print)	rrara Pr.		Nheaton	mp	20906
31. DATE FILEO (Month, Day, Year) DEC 0 9 1993 g	ulis Davidson-A							DMANU OR Day COM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

		1 - FOR STATE OF MARYLAND	O / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	ND MENTAL HYGIENE H REG. NO.	3 31203
		1. DECEDENT'S NAME (First, Middle, Last) HUGH C HOM	nontre	2. DATE OF OEATH MONTH DAY	SEAR 3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yra 441-10-5696	YRS. MONTHS DAYS HOURS	MM. (Month, Bay, Year) 8/22/14	8. BIRTHPLACE (State or Foreign Country)
1, 2, 3 should	TOR	90. FACILITY NAME (If not Institution, give street and number) Shady Grove Holventt RESIDENCE OF DECEDENT	Styg Cenker	BOCKVILLE M	ontgomery
DZO physician. burial-transit permit. Pages 1,	DIRECTOR	Maryland Montgomery	Gaithersburg		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
i. insit perm	FUNERAL	10008 Stedwick Road #103	10f. ZIP CODE 20879	10g. CITI. U.S.	ZEN OF WHAT COUNTRY?
	B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDENT OF If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Yee or No— Mexican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, White, etc. Specify:
tal or attending	LETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/IND	White USTRY
by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)	search Engineer	U.S. Governm	ent
retained by 5 should be notified at	띪	Francis M. Hamontre 196. INFORMANT'S NAME (Type/Print)	Mary 19b. MAILING AOORESS (Street and Number or	Rains	
2 500	임	Virginia Holcomb	19377 Keymar Way,		
Page 6 may De u director, page	Total Control	1 Buriel 2 LX Cremation 3 Removal from State cametery.	CEAND DATE OF DISPOSITION (Name of crematory or other place)	OATE 20c. LOCATION -	City or Town, State
A 2 2 2		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ropolitan Crematory	12/5/93 Alexandi OF FACILITY DeVol Funer	cia, VA
ter death. Pag the funeral di oval.		· X.E. O.L.	10 East De	er PArk Drive	al nome
within 24 hours at holetely filled in by cremation, or remement, the medicinent.		IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE-TO (OR AS A CON	deeth. Do not enter the mode of dying line.	, such as cardiac or respiratory arm	Approximate Interval Between Onset and Death
th certificate be executed ending physician and con I Hygiene prior to buriat, or other traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	\checkmark	abscers	
requires that the deen signed by the of Health and Meshows any Injur	MEDICAL	PART II. Other algorificant conditions contributing to algorith but no		en In Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMABABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 1 NO
N: The law ficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 1 Inception 2 ER/Ordentions	26. PLACE OF DEAT		
rSICIAN: The certificate the the State	₹	27. MANNER OF OEATH 26e. DATE OF INJURY	26b. TIME OF 28c, INJURY AT	ence 6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCC	URED
DING PHYS After this death with	ву Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK? M 1 YES 2 N	10	
TTENDI TTOR: A after d	ED	4 Homicide determined building, etc. (Specify)	home, ferm, atreet, factory, office	281, LOCATION (Street and Number City or Town, State)	or Rural Route Number,
E BE	COMPLET	29e. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the beet of examination and/			
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CENTERS	S MD 29c. LICENS	E NUMBER 29d, DATE	SIGNEO (Month, Day, Year) 2 -5-93
12		S. S.D. ITTER AND COMPLETED CAUSE OF DEATH O	WEDMONS	Tow. Roc	KVILLE
		31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 10 1003 Sulia Davidson-Randa	M.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical amminer must be notified at once.

Michaez

13"93

DECEDENT'S NAME (First, Middle, Last WILLIAM R	. IU:	SLEY W	Villi.	am R. Rich	In	sley	2. DAT		** 0 7 9	_ YEAR	TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER 24 HRS.		E OF BIRTH		8. BIRTHPL. Country)	ACE (State or Foreig
216-14-2841	₩ XM 2 □ F	69	YRS.	MONTHS	DAYS	HOURS MIN.		18.19	23	Mary	land
e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN C	R LOCATION OF D				NTY OF DEAT	
Oorchester Ger	neral Ho	spital			Can	nbridge	2		D	orche	ester
RESIDENCE OF DECEDENT 10b. COUN	TV		10- 017	Y. TOWN OR	LOCAT	1011				T	
			100. GH							- 3	d. INSIDE CITY LIMITS?
laryland Dor	chester			Cai		idge			Lacon		YES 2 NO
Charles Management					101						COUNTRY?
01 Race Stree		IT,EVER IN U.S. AF	OMED	1 12 W	S DEC	21613 ENDENT OF HISPA		IND 60 - old - M-	U	_	American Indien,
☐ Never Married 2 ☐ Merried	FORCES? A	YES 2	NO	lf y	/es, sp:	ecity Cuben, Mexic	an, Puerto		or No-	Black, V	/hite, etc.
☐ Widowed 4X Divorced		TT		10	YES	X2 X NO Speci	lly:			Specify:	White
15. DECEDENT'S ED	UCATION	16a. Di		USUAL OCC			16	b. KIND OF BUS	SINESS/INC	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life.	Give kind of e. Do NOT u	work done dur se retired.)	ring mo	st of working					
8			Mec	hani	С			A	utom	otive	2
7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,				
Thomas Henry 1	Insley					Alver	ta	Abbot	t		
De. INFORMANT'S NAME (Type/Print)		19				nd Number or Rural					
Thomas Paul		4-7-1	P.0	. Bo	X	130 Vie	enna	, Mar	ylan	d 218	369
AS. PART (Enter the disease, or abock, or heart feilure mediate CAUSE (Final lisease or condition equiting in death) Sequentially list conditions, I any, leading to immediate ause. Enter UNDERLYING	a. A ACUT DUE TO	e Respiz	e. Sabor Souence of Bucta	AFAIO	d B		ive	eE	ratory and	işgası	Approximate interval Bety Onset and D
CAUSE (Disease or Injury hat initiated eventa esuiting in death) LAST	d.	(OR AS A CONSE	OUENCE O	F):							
ART II. Other significant condition	ona contributing to	deeth but not	resulting	in the unde	erlying	cause given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	CO	ERE AUTOPSY FINDI MILABLE PRIOR TO MPLETION OF CAUS DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (C	heck only	one)			
1 TYES 2 NO	13 (Inpetient 2	ER/Outpatient		4 🖾 Nursin		e 5 🗆 Residence	a 🗆 Ott	er (Specify)			
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E		28b. TIN	AE OF JURY	WO	URY AT RICT	28d. Di	ESCRIBE HOW I	NJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE C building.	OF INJURY — At he, etc. (Specify)	ome, farm,	atreet, factor	y, office			CATION (Street of y or Town, State)	and Number	or Rural Rou	e Number,
Oe. CERTIFIER 1 CERTIFYING PHY											od manner en state
one) 2 MEDICAL EXAMI	NER: On the basic of e	AMINIMISTRATION OF THE PARTY OF	u to a mui Batu	,,,			- 1	o one process on			

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CAMBEIDGE

	BALTIMORE, MARYLANI fler death. Page 6 may be retained by the hos the funeral director, page 5 should be detach oval.		BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit from the contract of	Character
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TTEMS: 24a,24b,25,26,27,30, PER DR. FILM G-709 3/30/94 t.t

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF H

CERTIFICATE OF STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La.	14)									
111154			10	CC_		2. DATE	OF DEATH DA	W > 1	CYEAR	3. TIME OF DEATH
	I a control		16	711	62	Dece	mber	51	170	9.78 P
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTN , Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
578-14-0481	1 DM 2 XF	86	YRS.	ONTHS DAYS	HOURS WIN.	4-1	0 - 0.7			th Carol
Se. FACILITY NAME (If not institution, gh	e street and number)		9	b. CITY TOWN	OR LOCATION OF I		0 01	90 COIII	NTY OF DE	
						JEAN!			-	
Southern Maryl	land Hosp	ital		Clin	ton			Pr	ince	Georges
RESIDENCE OF DECEDENT			T							
			10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Maryland Prim	ice Georg	es	Br	and vw:	ine					1 YES 2 NO
10e. STREET AND NUMBER					of, ZIP CODE			10a, CITI	ZEN OF W	HAT COUNTRY?
12201 011 7				. 10	00610					
13201 01d Inc					20613				JSA	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 [CENDENT OF NISP			or No-	14. RACE	- American Indian, White, atc.
1 Never Married 2 X Married	IF YES, GIVE WA		X		pecify Cuban, Mexic S 2 NO Spec		Hcan, atc.)			Black
3 Widowed 4 Divorced					71	,				DIACK
15. DECEDENT'S E		16a, D	ECEDENT'S US	BUAL OCCUPAT	ION	16h	KIND OF BUS	INESS/INC	HISTRY	
(Specify only highest gr			Give kind of wor	k done during n	ost of worlding	,,,,,	MIND OF BOO	111111111111111111111111111111111111111	001111	
Elementary/Secondary (0-12)	College (1-4 or 5+)			101						
12		D	omest	ic			Homem	akei		
17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S N	AME (First, A	fiddle, Meiden	Sumame)		
Coores E					1 1 -	D	. +			
George Farri 19a. INFORMANT'S NAME (Type/Print)	ngron		Ob Manino	DODESS (C)	Lula					
					and Number or Rura			,		
Freelove Jeff	eries		13201	01d	Indian_	Head	Bran	dvwi	ine	MD 20613
20a. METNOD OF DISPOSITION		20b. PLACE	AND DATE OF	DISPOSITION /		DATE			City or Tov	
1 Donation 5 Other (Specify)	emoval from State		rematory or othe		1.0	0 100	01	٦.		MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		verera		ND ADDRESS OF F		Tine	Iter	ham	, MD
20 1 : 0				22. NAME	IND ADDRESS OF F	ACILITY				
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23. PART I. Enter the diseases, o	-									
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DIVISION OF VITAL RECORDS.

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IMPORTANT: If Item 2

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN YEAR Dorothy Elliott Jones December 10.1993 1:30 P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Jan. 14,1915 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 217-10-8995 1 - M 2XX 78 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 5505 Mallard Lane DIRECTOR Cambridge Dorchester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Dorchester Maryland Cambridge 1 YES X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5505 Mallard Lane 21613 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, 1 YES X X NO Specify: 1 Never Married 2 Merried BY Specify: White 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Secretary-Bookkeeper 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) John Langral1 Elliott Chapon Bloodsworth BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert B. Jones 5508 White Hall Road Cambridge, Md. 21613 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Dorchester Memorial Park 12/12 Cambridge, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust Street Cambridge, Md. Amer 21613 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) //Zheimer's DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home Reeldence 6 🗆 Other (Specify) 27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the besie of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated.

29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day / Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3. BEGISTBAR'S SIGNATURE Livia Davidson-Randoll

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BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

37213 93

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH FRANCES **JOHNSON** Roe 12 09 93 6:45 IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12 09 8. BIRTHPLACE (State or Foreign Country) 218-16-7521 1925 Maryland 1 M 2XXF 68 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 701 RACE STREET CAMBRIDGE DORCHESTER 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Dorchester Cambridge 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 Race St. 21613 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: white BY 3 Widowed W Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmanne)

Josie Virginia Ewing James Thomas Stewart T BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
208 Johnson St. Cambridge Md. 21613 19a. INFORMANT'S NAME (Type/Print) Thomas Roe 9 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION - City or Town, Stata OATE must Salisbury

Salisbury 4 Donation 5 Other (Specify) Crematory 12/11 Salisbury Md. medical examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home swith R Thomas 700 Locust St. Cambridge Md. 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death **IMMEDIATE CAUSE (Final** the this clustic disease or condition resulting in death) Years traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO Shows 1 YES 2 NO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law it of the EUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or item 23 s PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL: YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome Sy ☐ Residence 6 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 2 🔀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 12-11-1993 Mip 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) de 6 HENDORE 111 Penn Street, Baltimore, Maryland 2120 32. REGISTRAR'S SIGNATURE JUNE DAY door 31. DATE FILED (Month, Day,

- Randall

P.O. BOX 68760, the death certificate be DIVISION OF VITAL RECORDS, that

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3 '93 1

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as it
be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner ment be notified at once.

30. NAME AND ADDRESS OF PERSON WHO CO

	JOHN TH	HOMAS J	ACOBS			and the same and	DAY 2. 199	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-05-2095	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 1//		CE (State or Foreign	
98. FACILITY NAME (If not institution, give a ANNE ARUNDEL MEDI RESIDENCE OF DECEDENT					NAPOLIS	DEATH	9c. COUN	ARUN	н	
100. STATE 10b. COUNT	ARUNDEL			ANNAP					I. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZ	EN OF WHA	YES 2 NO	
7 HICKS AVE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 2	MED (Q	If ye	21401 DECENDENT OF HISP. In, specify paper, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Yosan, Puerto Rican, etc.)	es or No-	U.S 14. RACE — Black, W	A . American Indian, hite, etc. AMERICA	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	Do NOT use	ork done durie	ng most of working	16b. KIND OF B			MINDSTOR	
12 17. FATHER'S NAME (First, Middle, Lest) JOHN AGUSTUS JA	ACOBS		امل	ABURE	18. MOTHER'S N	AME (First, Middle, Maide CANCES BRO	0.5	***		
190. INFORMANT'S NAME (Type/Print) LOVIE JACOBS		191	MAILING A	SAME		f Route Number, City or To		Code)		
STAN METHOD OF DISPOSITION Surial 2 D Cremation 3 D Ross D Donation 5 D Other (Spooty) 21. SIGNATURE OF FUNERAL SERVICE LICE CHARLES E. HICK	CEMBEE /	PHONON PLACE		ZZ MAN	1. 12-6-1 HE AND ADDRESS OF F	993 ANN	APOLIS	s, MD.	A.A.CO 21401	
23. PART I. Enter the disesses, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	complications the	t offused that de se on each line	ath. Do no	enter the	mode of dying, su	ch ss cardisc or resp	piratory srre	et,	Approximate interval Betwo	
	BUE TO	(OR AS A CONSEC	DUENCE OF		00 =					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC	,		hydro					
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEC	DUENCE OF):	the under	dyling cause given in		N AUTOPSY RMED?	AMA CON OF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS OCATHY YES 2 NO	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 2. UND DOW, 25. WAS CASE REFERED TO MEDICAL EXAMINER?	d	death but not r	ouence of:	the under	8. PLACE OF DEATH (C	PERFO 1 YES	RMED?	AMA CON OF	ILABLE PRIOR TO MPLETION OF CAUS OEATH?	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 2. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Matural 5 Pending	cDUE TO ds contributing to	death but not r	ouence of:	OTHER:		PERFO 1 YES	NO NO	OF	ILABLE PRIOR TO MPLETION OF CAUS OEATH?	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 2. WAS CASE REFERED TO MEDICAL EXAMINER? 1 YES SO NO 27. MANNER OF DEATH	DUE TO d. HOSPITAL: 12 Inputient 2 28e. DATE OF (Month, Del	death but not r	DOA 28b. TIME INJUI	OTHER:	66. PLACE OF DEATH (C	PERFO 1 YES inheck only one) 8 Other (Specify)	INJURY OCCU	AMA CON OF 1 E	ILABLE PRIOR TO MPLETION OF CAU	

12-30

32. REGISTRAR'S SIGNATURE Julia Day doon-Randalle

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director		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNERAL DIRECTOR	be fil	MP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITUE OF CENTIFIER

31. DATÉ FILED (Month, Day, Year) DEC 0 7 1993

FOR PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Juna Davidson Ander

TO BE COMPLETED BY FUNERAL DIRECTOR

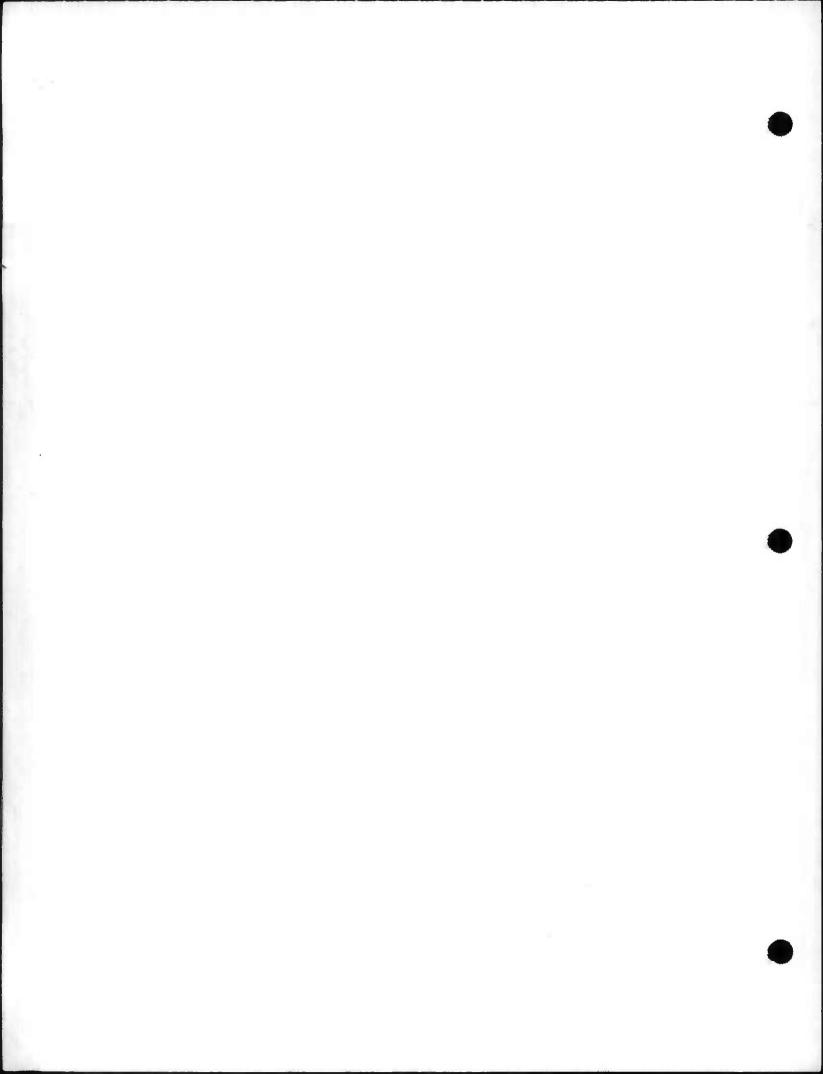
FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPART					MENTA	NL HYGI		9	3 3	7215
1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	DAY	YEAR	3. TIME O	F DEATH
	L. JACK							_	27	****			М
4. SOCIAL SECURITY NUMBER 220-56-/030	5. SEX 1 M 2 XXF	6. AGE (In yrs. In		IF UNDER	DAYS	HOURS	24 HRS, MIN,	(Mor	AN. 14 1950 MARYI				nte or Foreign
9a. FACILITY NAME (If not institution, give a	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF D	EATH		9c. CO	UNTY OF	DEATH	
ANNE ARUNDEL ME	DICAL CE	NTER		ANN	NAPO	LIS				AN	INE A	ARUNDE	CL
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c, CITY,	TOWN O	O LOCAT	ION.	_				-	10d. INSIE	P OITY
MARYLAND ANN	E ARUNDE	L		VER								LIMIT	
10e. STREET AND NUMBER					101	ZIP CODI				10g. Cl		WHAT COUN	ITRY?
958 BALTIMORE &	ANNAPOLI	S BLVD.				211	46				U.S	5.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 XXDivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	1 1	1 yes, spe			an, Puarto	IN? (Specify Rican, etc.	Yes or No-	Spe	CE — Americ ick, White, etc icity:	an Indian, c.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. D	ECEDENT'S U	SUAL OC	CUPATIO	N et of workle	10	16	b. KIND OF	BUSINESS/IN	IDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- 10	UNEMP	retired.)		St OF WORK	y						
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S N	AME (First	Middle, Ma	den Sumame)			
DANIEL R. COATES						I	RENI	. A	PORT	ER			
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING A	ADDRESS	(Street a	nd Number	or Rural	Route Nu	mber, City or	Town, State, 2	(Ip Code)	21	146
DEMETRIA JACKSON			958 BA	LTI	10RE	& A	NNAI	OLIS	BLV	D. SEV	ERN	A PK.,	MD.
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from State		e of disposi Diace) ENTER							LOCATION - UND BA			AND
21. SIGNATURE OF FUNERAL SERVICE LIC	ROBE	2		RI	EESE		ONS	MOR		, P.A.		403	
23. PART I. Enter the disease, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cer		ete	ot enter	the mo		ing, su	ch as ca				App	proximata rival Between set and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	c	OR AS A CONSI						_					
PART II. Other algnificant condition	a contributing to	death but not	reaulting in	n the un	derlyin) cause	given ir	Part I.	PEF	S AN AUTOPS' RFORMED? S 2 NO	γ 2	COMPLETI OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE 17
25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF E	FATH /	hack ont-	one)				
EXAMINER?	HOSPITAL:	ER/Outpetlent		OTHER 4 Num	₹:				her (Specify)				
27. MANNER OF DEATH 1 Naturel 5 Pending	28a, DATE O		28b. TIME INJU	OF	28c. INJ WC			-		OW INJURY O	CCURED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — A1 to	home, farm, st	treet, fact					CATION (St ty or Town, S	reet and Numb itate)	per or Run	il Route Numb	per,
29a. CERTIFIER (Check only one) 2 MEDISAL EXAMINI	ICIAN: To the best o	my knowledge, o										e(a) and man	per se sisted

29c. LICENSE NUMBER

Grnold

29d. DATE SIGNED (Month, Day, Year)

2101



1 - STATE REGISTRAR		STATE OF MARY	YLAND /	DEPARTI	MENT OF I	HEALTH AND DEATH	MENT	AL HYGIEN REG. NO.		33	3/2/6
1. DECEDENT'S NAME (First	, Middle, Last)	MARTHA M.	JOHN	SON			2. DAT	E OF DEATH			3. TIME OF DEATH
MART			240					EC 2	-9:	YEAR	5 10 0 11
4. SOCIAL SECURITY NUME			SE (In yrs. la:		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH oth, Day, Year)	•	Countr	IPLACE (State or Foreign
213-12-1485			72	YRS.	THE BUSH	100		RCH 15,		-	
				,		OR LOCATION OF E			9c. COUNT		
HOLY CROSS	HUSPIT	IAL			SILV	ER SPRIN	IG_		MONT	[GO]	MERY
10a. STATE	10b. COUNTY			10c. CITY, 1	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
MARYLAND	MONTO	OMERY		SIL	VER SP	RING					1 TES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZE	N OF V	VHAT COUNTRY?
10125 GREEN	T					20901			USA	1	
11. MARITAL STATUS 1 Never Married 2		2. WAS DECEDENT EVE FORCES? 1 Y	S 2 V	RMED NO	13. WAS DEC	CENDENT OF HISPA ecity Cuban, Mexic	NIC ORIG	IN? (Specify Yes Rican, etc.)	or No 1	4. RACE Black	— American Indian, c, White, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE WAR OF	DATES		1 TYES	2 XNO Spec	lfy:			Speci	
15. DEC	EDENT'S EDUCAT	TION			UAL OCCUPATION		16	b. KIND OF BUS	INESS/INDUS	_	VHITE
Elementary/Secondary (0	T	College (1-4 or 5+)	life	Do NOT use n	k done during mo etired.)	est of working					
12			WA	ITRESS						RES	STAURANT
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
								IRENE (
19a. INFORMANT'S NAME (7						and Number or Rural					
DANIEL W. J						RIVE GA				-	
1 Donation 5 Other	n 3 🗆 Remova	il from State	emetery, cre	AND DATE OF I	DISPOSITION (NO EMETER	nme of	DA		CATION — CH		
21. SIGNATURE OF FUNERA			PARK.	LAWN C	_	YD ADDRESS OF FA	12/	6 ROCE	CATTTE	, M	IARYLAND
1	- 1	DAC.	,	. 1	FRANC	IS J. CO	LLIN				
um	ochy	D. Can	npli	ul	ַ 500 טו	NIVERSIT	Y BL	VD., W.	SIL.	SPR	R.,MD.
23. PART I. Enter the di shock, or he	eart failure. Lis	npilicationa thet caus it only one cause or	each line	eath. Do not b.	enter the mo	de of dying, su	ch as ca	rdiec or reapli	ratory arrea	it,	Approximate Interval Batween
IMMEDIATE CAUSE (Findisease or condition	iei	-						-	_ ^		Onest and Death
resulting in death)	→ a	Ce.	4150	200	cleon	toe P	Kon		Occo	حات	<
	_	DUE TO (OR A	S A CONSE	DUENCE OF):							
Sequentially list conditi		DUE TO (OR AS	S A CONSE	DUENCE OF):							
cause. Entar UNDERLYI	NG										i
CAUSE (Disease or Inju- that initiated events	4	DUE TO (OR AS	S A CONSE	QUENCE OF):							
resulting in death) LAS	d.										
PART II. Other algoritica	nt conditions o	contributing to deeth	but not r	esulting in 1	the underlying	cause olven la	Part I	24s. WAS AN	MITTOREY	1 041	WERE AUTOPSY FINDINGS
					and and any mi	y cause given in	T GIT I.	PERFOR		240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
							_	1 TYES 2	□ NO	1	OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	,			26. PL	ACE OF DEATH (C)	heck only o	loge)		_	
EXAMINER? YES 2 NO		OSPITAL:	utpetient 3		THER:	• 5 Residence					
27, MANNER OF DEATH		26a. DATE OF INJUR	Y	28b. TIME O	F 28c. INJ	URY AT	_	SCRIBE HOW IN	JURY OCCUP	RED	
	Pending Investigation	(Month, Day, Year)	NJUR		RK? YES 2 NO					
2 Accident 3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number)							oute Number,				
4 Homicide	determined	wantang, ata. (c)					City	or Town, State)			
29e. CERTIFIER (Check only	IFYING PHYSICIA	N: To the best of my kno	owledge, de	ath occurred a	rt the time, data	and place, and due	to the ca	ruse(a) and men	ner as stated		
		On the basis of examinat									and menner as stated.
296. SIGNATURE AND TITLE					1	29c. LICENSE NU		1			(Month, Day, Year)
Dol	0	- Que	- ,	-		POR	35	FC 1	M	2	5-92
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUSE OF						~ ~0		_	
274	13	popular	-		18 C	500	25	CW	ADE	-	1000 a
DEC ONOR	193 <i>g</i>	AL POISTINGS OF	the ships								ros

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turners to be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remonal.

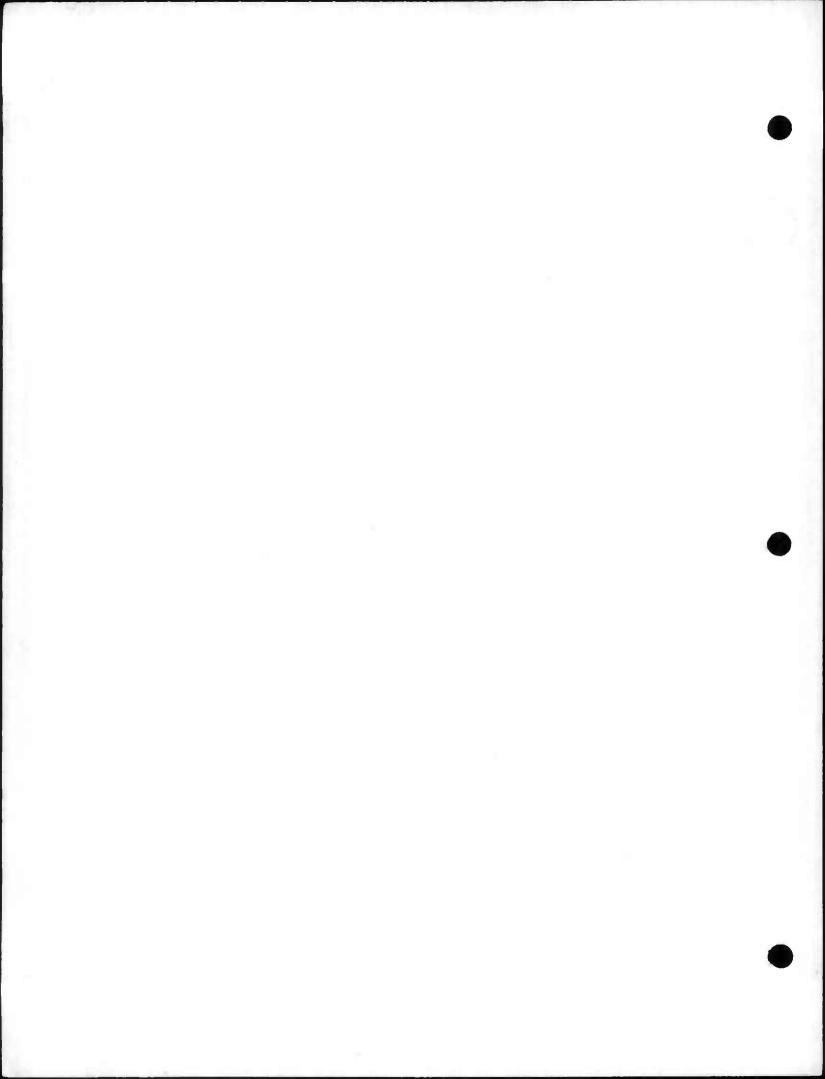
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89



3. TIME OF OEATH

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IMORE, MARYLAND 21215-0020 Pare my à 2 24 hours after A u 9 filled completely filled rial, cremation, executed within and com Hygiene prior to physician certificate be attending OR ATTENDING PHYSICIAN: The law requires that the death the atten Health and been s has be certificate I the this c 70 THE FUNERAL OR ATTENDANCE TO THE FUNERAL DIRECTOR. After be filed within 72 hours after death After I TO THE HOSPITAL OF THE FUNERAL EDGE filed within 72 h

RUTH BEATRICE JAFFE 2. DATE OF DEATH 2-7-9 3 RUTH 1993 7:43 pm " 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 220 48 1093 1 M 2 F 79 04-11-14 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery Co 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Co Silver Spring 1 TES 2 NO FUNERAL 100. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3330 N. Leisure World Blvd #520 20906 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No17 was specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pu 1 ☐ YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Olvorced No White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Harry Rubin Sara Katz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20906 George Jaffe (HUSBAND) 3330N.LeisureWorldBlvd#520,SilverSpring ,MI 20e, METHOD OF OISPOSITION
1 General 2 Gremation 3 General from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 M Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEERO nald 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.BaltimoreSt, Balto, MD21201 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition_ 1/2 day Acute MYOCARISIAL INFARCTION reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ALTEMOSCLENOTIC NEMT DIFERSE CERTIFICATION yems Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CARDIOGENIC SHOCK COMPLETION OF CAUSE 1 YES 21 NO DIABeres me LLI TUS 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED (Month, Day, rous) 1 Natural 5 Pending Investige BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide WIA NIB CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Rosai m.D. 12/7/93 0 24543 C. 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) BLVU, POCK VILLE MD GIII Executive 20852 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 0 1993 DHMH-18 Rev 1/89

Ka L.

ldBlvd#520,Silveror

		1. DECEDENT'S NAME (First	t, Middle, Last)	LEROY J	ОПИС	ON						2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATH P
		4. SOCIAL SECURITY NUM	BER	5. SEX			t birthday)		R 1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF	BIRTH	1993	8. BIRTI	5:30 ** IPLACE (State or Foreign
plu		262-45-175		1 🔀 M 2 🗆 F		35	YRS.	MONTHS	DAYS	HOURS	MIN.		15 19	58	FLO	RIDA
3 should	E E	99. FACILITY NAME (# not # NATIONAL			CENTU	מים		9b. CIT		OR LOCATI	12000	ATH			NTY OF D	
5.7.	ECTOR	RESIDENCE OF DE	CEDENT 10b. COUNT		CENTI	LK				ETHES	DA				MONT	GOMERY
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permit.	AL	10e. STREET AND NUMBER		OOKS				Б		M. ZIP COD	E			10g. CIT	IZEN OF I	1 X YES 2 NO
20	NER.	335 PINE CO	OURT								190	20		U	NITE	D STATES
p-0020 physician. III burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? IF YES, GIVE NO 1978	WAR OR DA	2 N	Ю		If yes, sp	CENDENT (pecify Cubs 3 2 X NO	m, Mexica	IC ORIGIN? (n, Puerlo Ric	Specify Yee an, atc.)	or No—	Black	E — American Indian, k, White, sic.
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ed for u	COMPLET	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	Hito.	Do NOT us	• NAV				D1	enema.	TO		
the hot detach once.	NO.	17. FATHER'S NAME (First, M	fiddle, Last)				0.5	• IVA V	1	18. MOT	HER'S NAI	ME (First, Mid	EFENS	_		
2 2 2 W	BE			JOHNSON,	SR.							IE DE				
MAR should notified	5	196. INFORMANT'S NAME (I				- 1						loute Number,				
		200 METHOD OF DISPOSIT			20b.	PLACE A	ND DATE	OF DISPOS	SITION IN	ame of	AD,	IACKSO DATE		CATION -		
		4 Donation 5 Other	(Specify)	W. Complete	cem	EDGI	ewooi				12	7	J	ACKS	IIVNO	LE, FLA.
death Par funeral funeral funeral funeral		21. SIGNATURE OF FUNERA	L SERVICE LI	ENGER /	.6	7		22.	NAME A	ND ADDRE	SS OF FAC	HLITY				
	Щ	23. PART i. Enter the d	M	america	enn	I	10009	W.	W.	CHAN	BERS	CO.,	RIVE	ERDAI	E, N	D. 20737
within 24 noun mpletely filled in cremation, or vent, the me		shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nai	a. CENTRAL	NER	VOUS	S SYS	STEM	TOX	OPLAS	SMOS]	IS		atory ar	reat,	Approximate interval Batweel Onset and Deat
certificate be execunding physician and Hygiene prior to burn other traumatic	CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in daeth) LAS	diete ING iry	c	ACQU OR AS A	CONSEO	UENCE OF	F): 	DEF	ICIEN	ICY S	SYNDRO	ME			
E Me e		PART II. Other significe	ent condition	a contributing to	death be	ut not re	seuiting i	in the ur	derivin	o cause o	siven in i	Part I 24	a. WAS AN	AIITOBEV	245	WERE AUTOPSY FINDINGS
signed by Health and	MEDICAL	-											PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	Ä															
SICIAN: The law requestrificate has been the State Dept. of the 1, or Item 23 sho	YSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	D MEDICAL	HOSPITAL:	☐ ER/Outpi	atient 3	□ DOA	OTHER 4 Num	A:			ck only one) 6 Other (S	pecify)			
F i i i i	ву Рну		Pending Investigation	28s. DATE OF (Month, D			28b. TIM	E OF URY M		URY AT ORK? YES 2	NO NO	28d. DESCR	BE HOW IN	JURY OC	CURED	
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	8		Could not be determined	28e. PLACE O building,	of INJURY ofc. (Speci	— At hon	ne, farm, s	treet, fact	ory, offic	:8		28f. LOCATION City or 7	ON (Street a own, State)	nd Number	or Rural F	loute Number,
7 70 -	COMPLET	one) 2 MgCDI	CAL EXAMINE		my knowk	edge, des	nth occurre	nd at the t	lme, date	and place,	and dua t	to the cause(s) and men d place, and	ner as atat	ed. e csuse(s) and manner as stated,
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: II	TO BE	296. SIGNATURE AND TITLE	41	tage 1	MA					29c. LICE	NSE NUM			29d. DAT	/	(Month, Day, Year) 03/93
			AGUIRE	, LT, MC	, USI	NR		Print)				AL NAV DA MD				ENTER
		DEC 0 9 19		John David	A'S SIGN	SARRAL	2					-	-	-	-	

850 8 , II II II II ell is a con-

う)	it permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-trans ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR DECEDENT'S NAME (First, Middle, Last)						DEATH		REG. NO			3. TIME OF DEATH
Mildred Cathe	rine Ker	shner					MONT	7	3 9	YEAR 3	7:570
I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		a, BIRTI	HPLACE (State or Foreign
220-26-0552	1 M 2 XF	65	YRS.	MONTHS	DAYS	HOURS MIN.	Dec	of Birth	.927	Ma	ryland
Da. FACILITY NAME (If not institution, give		,		9b. CITY,		R LOCATION OF D	EATH		9c. COU	NTY OF	1 1
Washington Count	y Hospita	aT			Há	agerstow	n		w	A-5	rington
Ge. STATE 10b. COUNT				Y, TOWN O							10d. INSIDE CITY
Maryland Was	hington		Ha	agers	town	1					1 YES 2 NO
00. STREET AND NUMBER						21740	-3.				WHAT COUNTRY?
31 Hump Road	Tas una accesa								US		
Never Married 2 Married	12. WAS DECEDEN	YES 2 X		- 11	yes, spi	ENDENT OF HISPA	an, Puerto		a or No	Blec	E — American Indian, ck, White, atc.
Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		'	☐ YES	2 NO Specif	lly:			Spec	white
15. DECEDENT'S ED (Specify only highest grad		16a. C	DECEDENT'S	USUAL OC	CUPATIO	ON st of working	16	. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		No. Do NOT u	se retired.)			4	,			
T EATMED'S MANE (Flow) Alidella (act)			hom	emake	er			home			
7. FATHER'S NAME (First, Middle, Lest) Max Cecil Ker:	shner, Sr					Mary C	ame (First, Cathe		Sumame) Frve1	r	
9a. INFORMANT'S NAME (Type/Print)	, DL		196. MAILING	ADDRESS	(Street a	nd Number or Rural			,		
Betty Crawfo	ord		8054					ort, N			21795
0a. METHOD OF DISPOSITION ☐ Burial 2 ☐ Cremation 3 ☐ Ref	and the duty		E AND DATE			me of	OAT	E 20c. LC	CATION -		own, State
☐ Donation 5 ☐ Other (Specify)		Rest	Have	n° Cem	etei	cy	12.	/7 Ha	gerst	own	, Maryland
1. SIGNATURE OF FUNERAL SERVICE	CENSEE	, 1		22 1		0 1000000 00 0					
V7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I/A		Ge	ral	N. Min	nich	305	N. F	otor	nac Street
23. PART I. Enter the diseases, or shock, or heart failure	complications the	nt caused tha cuse on each lin	death. Do i	Fu	nera	n Appress of Francisco N. Min		Hag	ersto	wn,	
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Acute DUE TO DUE TO	(OR AS A COMS	EQUENCE O	Funot enter	nera	al Home		Hag	ersto	wn,	Maryland Approximate interval Between
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Acute DUE TO DUE TO	OF AS A CONS	EQUENCE O	Funot enter	nera	al Home		Hag	ersto	wn,	Maryland Approximate interval Between
shock, or haart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acuto Due To Due To Bue To	(OR AS A COMS	EQUENCE O	Function enter	mera	al Home da of dying, such	far.	Hag	ersto	own,	Maryland Approximate interval Betwee Onset and Dea
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shock, or haart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Vistural 6 Pending Investigation	B. Acuto DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C. DUE TO	(OR AS A COMS (OR AS A COMS (OR AS A COMS) (OR AS A COMS (OR AS A	EQUENCE O	FUnot enter	the modern the modern	al Home da of dying, suc da of dying, su	Part i.	Hag disc or resp 24a. WAS AI PERFO 1 YES : Per (Specify) SCRIBE HOW	ersto	24l	Maryland Approximate interval Betwee Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea Onest and Dea
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BALTIMORE, MARYLAND 21215-0020

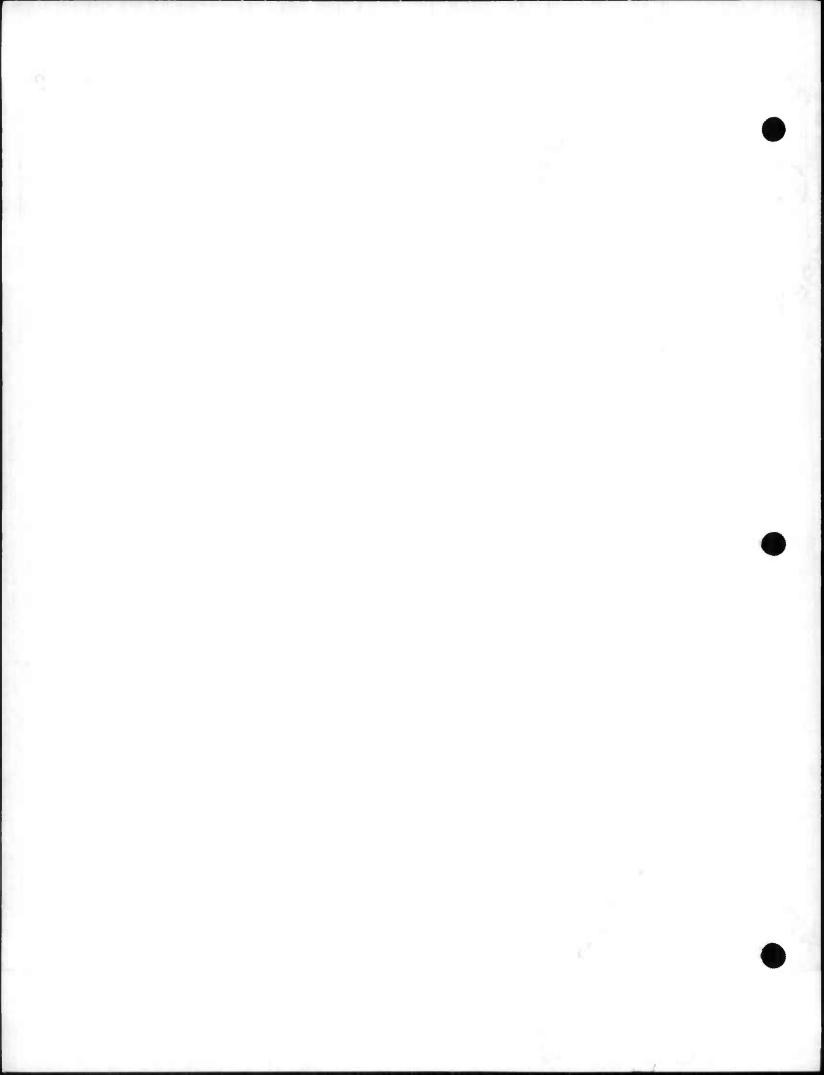
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove 1, 2, 3 months
be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	Alma Kerns	Catherine	Kerns	2. DATE OF DEATH DAY	year 9 3 1:13MP
	217-12-1385 1 H 2 KD F		FUNDER 1 YEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV.4,1899	8. BIRTHPLACE (State or Foreign Country) Pennsylvania
TOR	9e. FACILITY NAME (If not institution, give street end number) Avalon Manor Home, In		Hagerstown	EATH 9c. COL	ashington
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washington	The second second	town or Location gerstown	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY VINITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 614 Salem Avenue		101. ZIP CODE 21740		U.S.A.
BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 M Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specify	NIC ORIGIN? (Specify Yes or No- in, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 2 3		SUAL OCCUPATION th done during most of working retired.) tered Nurse	16b KIND OF BUSINESS/IN	
COMPLET	17. FATHER'S NAME (First, Middle, Last) Peter B. Rarin			ME (First, Middle, Maiden Surname)	Brailer
TO BE	190. INFORMANT'S NAME (Type/Print) Edward J. Kerns Jr.	19b. MAILING A	DORESS (Street and Number or Rural iam Street, Walk	Route Number, City or Town, State, Zi	ip Code)
	20a, METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF cemetery, cremetery or othe Rest Haven	OISPOSITION (Name of	DATE 20c. LOCATION -	City or Town, State
The same	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	he	22. NAME AND ADDRESS OF FA		
	23. PART I. Enter the diseases, or complications they shock, or heert feilure. List only one cause IMMEDIATE CAUSE (Final disease or condition	e on each line.			
-	resulting in death) a	OR AS A CONSEQUENCE OF):	mman,	•	3- 40%
EDICAL CERTIFICATION	cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF):			
CER	PART II. Other significant conditions contributing to d	eath but not resulting in	the underlying cause given in	Part I 24- WE AN ALTONOON	24b. WERE ALITOPSY FINDINGS
Σ	4300	eath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 M	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Ch	eck only one)	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 280. DATE OF II (Month, Day)	ER/Outpatient 3 DOA 4	Nursing Home 5 Residence OF 28c, INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJURY OC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, et	INJURY — At home, farm, street, (Specify)		28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of money 2 MEDICAL EXAMINER: On the basis of examiner.				
TO BE C		A MO	29c. LICENSE NUI		TE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE VA SAN T DATTA, MO	334 MICE		21740	
	DEC 0 1 1993	'S SIGNATURE			



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physicia	by the funeral director, page 5 should be detached for use as the burial-th moval.	Ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Debt, of Health and Mental Hybiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF	DEATN DAY	1.0	97543	3. TIME OF DE	
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	1 M 2 F			UNDER 1 YEAR	7	MIN.		Day, Year)	7.	Countr		Foreign
216-15-6733 9a. FACILITY NAME (If not institution, give	41	20		. CITY, TOWN	201001700	105.05		9, 19			rea	_
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RTE#197 & SOU	TH OF PO	JWDER I	MTTT	LAUREI	_				PK.	TIACI	E GEOR	GE,
10a. STATE 10b. COUN	ITY		10c. CITY, TO	OWN OR LOCAT	TION						10d. INSIDE CI	Υ
MD Pri	nce Georg	es	Lauı	rel							1 YES 2	NO
10e. STREET AND NUMBER				101	. ZIP CODE				10g. CITIZ	ZEN OF V	VHAT COUNTRY	
13731 Shannon A	ve				2	2070)7		US	A		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. WAS DEC	ENDENT OF	NISPAN	IIC ORIOIN?	Specify Yes o	r No-	14. RACE	— American in	llen,
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 X NO			an, esc.)		Speci	My:	
	1										Orie	ıta
15. DECEDENT'S Et (Specify only highest gra	de completed)	(0	ECEDENT'S USU Give kind of work Do NOT use rel	JAL OCCUPATION done during motional is	DN ost of working		16b. K	IND OF BUSIN	NESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 -)		.,								
17. FATHER'S NAME (First, Middle, Last)		5	tudent	_	40 1007010	-010 4141		ollege		_		_
									urnieme)			
Jong D. Kim 19a. INFORMANT'S NAME (Type/Print)		10	Db. MAILINO ADI	DDECG /Ctmat a			C. F	-	Chata Zin	Codel		-
Jong D. Kim										C000)		
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CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, Maryland

1 - STATE REGISTR
1. DECEDENT'S
Selma
4. SOCIAL SECU
144-26
9a. FACILITY NA

1 - STATE REGISTRAR		CI							REG. NO	U.		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	DAY		3. TIME OF DEATH
Selma Kovich								Nov.		1993	YEAR	7:15 p.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE fingrs. les	st birthday)	# UNDER		IF UNDER		7. DATE	OF BIRTH		0. BIRT	HPLACE (State or Foreign
144-26-0013	1 🗆 M 2 😾 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.		19,	1934	New	York
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATIO	N OF DE				INTY OF C	
18608 Pier Point	Place			Gait	ther	sburg	3			Mon	tgom	ery
10a. STATE 10b. COUNT	тү		IOc. CIT	Y, TOWN O	R LOCAT	TION	-					10d. INSIDE CITY
Maryland Monte	gomery		Gai	thers	sbur	g						LIMITS?
100. STREET AND NUMBER						ZIP CODE	5			10g. CIT	IZEN OF	WHAT COUNTRY?
18608 Pier Point	Place				2	0879				U.S	.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 XI MAR OR DATES		1	f yes, sp	ecity Cubar		n, Puarto	f? (Specify Y Rican, etc.)	ba or No	Blac	E — American Indian, k, Whita, alc. #/y: White
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(Specify only highest grad		+) (G	the kind of a nor u	work done o se retired.)	during mo	st of working	9		. S . G	-10 (911)		
17. FATNER'S NAME (First, Middle, Last)						16. MOTN	ER'S NA	ME (First,	Middle, Malde	n Sumame)		
Samuel J. Yoskowi	ltz				24			agod		7		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a			0	ber, City or To	wn, State, Zi	o Code)	
Deborah Rosen-Hai	leht								N.J.			
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	ITION /Na	me of		DAT	E 20c, L	OCATION -	City or To	own. Stata
I X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Beth	matory or o	other place)	mor	ial P	ark	112/	2 Ner	tune	Ner	Jersey
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	200				ND ADDRES			Zinop	Laire	, 1101	· ociscy
· 1	1/1	1/1				l Fun						
frmls 0	1 1/2	Had										
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and lead feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Poe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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BALTIMORE, MAR	The law requires that the death certificate be executed within. Thours after death lage 6 may be retained
BALT	after death.
4	THOUTS
68760,	ecuted within
BOX.	ificate be ex
ITAL RECORDS, P.O. BOX 68760,	e death cert
CORE	res that th
IL RE	law requi
ITA	Y: The

1. DECEDENT'S NAME (First,	Middle, Last)							2	. DATE OF OEATH	NO. "		3. TIME OF DEATH
Ninette		Α.	Ki	nderv	ate:	r		De	MONTH ecember	5, 19	93	7:00P
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDE	ER 1 YEAR	IF UNDER 24 I		DATE OF BIRTH		8. BIRT	THPLACE (State or Foreig
577-44-6095		1 🗆 M 2 🔀 F	94	YRS.	MONTHS	DAYS	HOURS N	IIII.	une 17,	1899	Cour	France
9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION				UNTY OF	DEATH
910 Ashton	Road				As	hton				Mon	tgom	erv
RESIDENCE OF DEC	EDENT											
						OR LOCAT	TION					10d. INSIDE CITY LIMITS?
Maryland	MOII	gomery			Asht							1 TES 2 X NO
910 Ashton	Dood					101	I. ZIP CODE					WHAT COUNTRY?
11. MARITAL STATUS	Road				170		20861					States
Never Married 2 3		12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2 X		13.	If yes, sp		Aexicen, I	ORIGIN? (Specify Puerto Rican, atc.			CE — American Indien, ick, White, stc. white, white
	EDENT'S EDU		16a. D	ECEDENT'S	USUAL (OCCUPATIO	ON ost of working		16b. KINO OF	BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	- in	fe. Do NOT u	se retired.))	A. O. WORKING		8 8 4			
-		4		Homer	nake:	r	200		Owr	Home		
17. FATHER'S NAME (First, Mi	iddle, Last)						1000		(First, Middle, Mai			
Auguste		Roche						_	e			ilable)
19a. INFORMANT'S NAME (7)									ite Number, City or			
	lla								10, N.M.			
20e. METHOD OF DISPOSITION Common n 3 🗆 Rem	ovel from State	cemetery, ci	remetory or o	OF DISPO	SITION (Na	ame of 12-	13-9	30ATE 200	LOCATION -	- City or	Town, State	
			Arlin	igton					Ar			
21, SIGNATURE OF FUNERAL	Senes, or	compilcations the	M0068	9 deeth. Do	He A	ome/l	ROCKVI e, Roc	of FACIL lle, kvil	Inc. le, Mar	t A. 300 W	Pump est 20	hrey Funer Montgomery 850-2805
21, SIGNATURE OF FUNERAL	iseases, or coent failure.	a	M0068 t caused the d	deeth. Do o	HO A not ente	ome/l venue	ROCKVI e, Roc	of FACIL 11e, kvil	Inc. le, Mar	t A. 300 W yland	Pump lest 20	hrey Funer Montgomery 850-2805 Approximate Interval Betwoods
23. PART I East die die about or he die die about or he iMMEDIATE CAUSE (Fin disease or condition reaulting in death) Sequentially list condition any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events	iseases, or call the seases, a. DUE TO DUE TO OUE TO	M0068 It caused the dise on each lin (OR AS A CONSI	deeth. Do ne.	22 H(A) Anot ente	e. NAME AI OME/II OME/II Venue or the mo	ND ADDRESS ROCKVI	of FACIL 11e, kvil	TY Rober Incle, Mar as cerdiac or re	t A. 300 W yland	Pumplest 20 arrest,	hrey Funer Montgomery 850-2805 Approximate Interval Betwoods	
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23. PART I East die die allock or he iMMEDIATE CAUSE (Fin disease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or Injurity that initiated events resulting in death) LAST	seases, or consert failure.	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL:	MOO68 t caused the dise on each lin (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI deeth but not	deeth. Do one. EQUENCE OF EQUENC	22 Hd A' A' A' A' A' A' A' A' A' A' A' A' A'	NAME AIDOME / I OME / I VENUE or the more representation of the more repres	ROCKVI e, ROC de of dying	of FACIL 11e, kvil , auch a	ITY Rober Inc. Inc. Ie, Mar a cordiac or re a cordiac or re a cordiac or re a cordiac or re a cordiac or re a cordiac or re	AN AUTOPS FORMED?	Pumplest 20	hrey Fune: Montgomery 850-2805 Approximate interval Betwoonset and D AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) December 6, 1993 D08546 8218 Wisconsin Avenue, Bethesda, Maryland John F. Tauber, M.D. 20814 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYLAN		TMENT OF			MENTA	L HYGIEN	_	93	372	DEATH Mor Foreign CCTY To Indian, Part Findings
1. DECEDENT'S HAME (First	Middle, Last)	Lori An	n Lle	wellyn				MONT	-	AY,	YEAR	3. TIME OF DEA	TH
4. SOCIAL SECURITY HUM	. 4	5. SEX		s. lest birthday)	IF UNDER 1 YEAR	I I IMPE	9 24 HRS.		OF BIRTH	6	17	1500 IPLACE (State or I	Comina
214-70.5	589	1 M 2 X F	33	YRS.	MONTHS DAYS		MIN.	(Mont	th, Day, Year)	1060	Count	(ימ	oreign
9e. FACILITY HAME (If not in			33	1	9b. CITY, TOW	U OR LOCATI	OH OF D		t.15,	v	Mar NTY OF D	yland	
			-1					EAIN					
Washington		y nospit	aı		Hager	Stown	1			wa	snin	gton	
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	HOITA						10d. INSIDE CIT	Υ
Maryland	Fred	lerick			Union	Bridg	e					1 YES 2	NO
10e. STREET AND HUMBER						10f. ZIP COD				10g. CITI	ZEH OF V	WHAT COUNTRY?	
10510 Fou	ntain	School R	d.				2179	91		II.	S.A.		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IH U.S	ARMED					N? (Specify Yes		14. RACI	E — American Ind	llen,
1 Never Married 2 📉		FORCES?				specify Cubi			Rican, etc.)		Spec	k, White, etc.	
3 Widowed 4 Div	proed										-	White	
15. DEC (Specify on	CEDENT'S EDU	CATIOH completed)	184		USUAL OCCUPA		na	161	, KIND OF BU	SIHESS/IHE	DUSTRY		
Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT us	se retired.)								
12				tel	ler				1	bank			
17. FATHER'S HAME (First, A	Aiddle, Last)					16. MOT	HER'S HA	ME (First,	Middle, Maiden	Sumeme)			
Marshall E	. Bran	denburg					Dor	cothy	White	9			
19e. INFORMANT'S HAME (Type/Print)			19b. MAILING	ADDRESS (Street	t end Numbe	r or Rural	Route Num	iber, City or Tow	n, State, Zip	Code)		
William Lle	wellyn			10510	Founta	in Sc	hool	L Rd.	Unio	on Br	idge	, MD 21	791
20a METHOD OF DISPOSIT	TION	norm State			OF DISPOSITION	Name of	7.74	OAT	7E 20c. LO	CATION -	City or To	own, State	
4 Donation 5 Other		TOVER HOW State	_ Pi	pe Cre	ek Ceme	tery		12/	10 nr.	. New	Win	dsor, M	D
21. SIGNATURE OF FUHERA	une (D. Dar	Der	/	Uni	on Br	idge	e, MI				Sons	
23. PART I. Enter the dehock, or he immediate CAUSE (Fi	eert failure.	Complications the	use on each	line.					diac or resp	iratory an	rest,		Batween
disease or condition_ resulting in death)	→		FN A 3	SIVE	Hek	4 71	VAU	mi				HR	
		DUE TO		NSEQUENCE O									
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING ury	c		NSEOUENCE O									
DART II OAL - IMI-			1				and the						2017103313
PART II. Other aignifica	un condition	is contributing to	o death but r	not resulting	in the underly	ing cause	given in	Part I.	24s. WAS AN PERFOI 1 YES 2	RMED?	240	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED 1	TO MEDICAL				26	PLACE OF E	DEATH (C)	neck palv o	ne)				
EXAMINER?		HOSPITAL:	- EDIO-Hardle	- 2 T DOA	OTHER:	an allo	-		and a second				- 12
27. MAHNER OF DEATH		28a. DATE OF		28b, TIM	4 Hursing H	NJURY AT	esigence		SCRIBE HOW I	NJURY OC	CUREO		
	Pending	(Month, I	Day, Year)		JURY	WORK?	NO NO		OTTO TOTAL		001120		
2 Accident	Investigation	280. PLACE C			street, factory, of	/	73	287 1.00	CATIOH (Street	and Alumba	or Rural	Doubs Number	
3 Suicide 8 Homicide	Could not be determined	building	, etc. (Specify)		,				or Town, Stete)				
Conson only		IICIAH: To the best of e		e, death occurr				to the ca	use(e) end me	nner ee stir	ted.	Ty Town	stated.
296. SIGNATURE AND TITU	E-OF-SERTIFIE	R	11.2			29c. LIC	ENSE HU	MBER	10.00	29d, DAT	E SIGNE	(Month, Day, Year	
2	150	West				i.	711	26	6	.	De	261	93
30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)					-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour dath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit me be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 🛪 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
DEC 8 '93

32. REGISTRAR'S SIGNATURE

OHMH-18 Rev 1/89

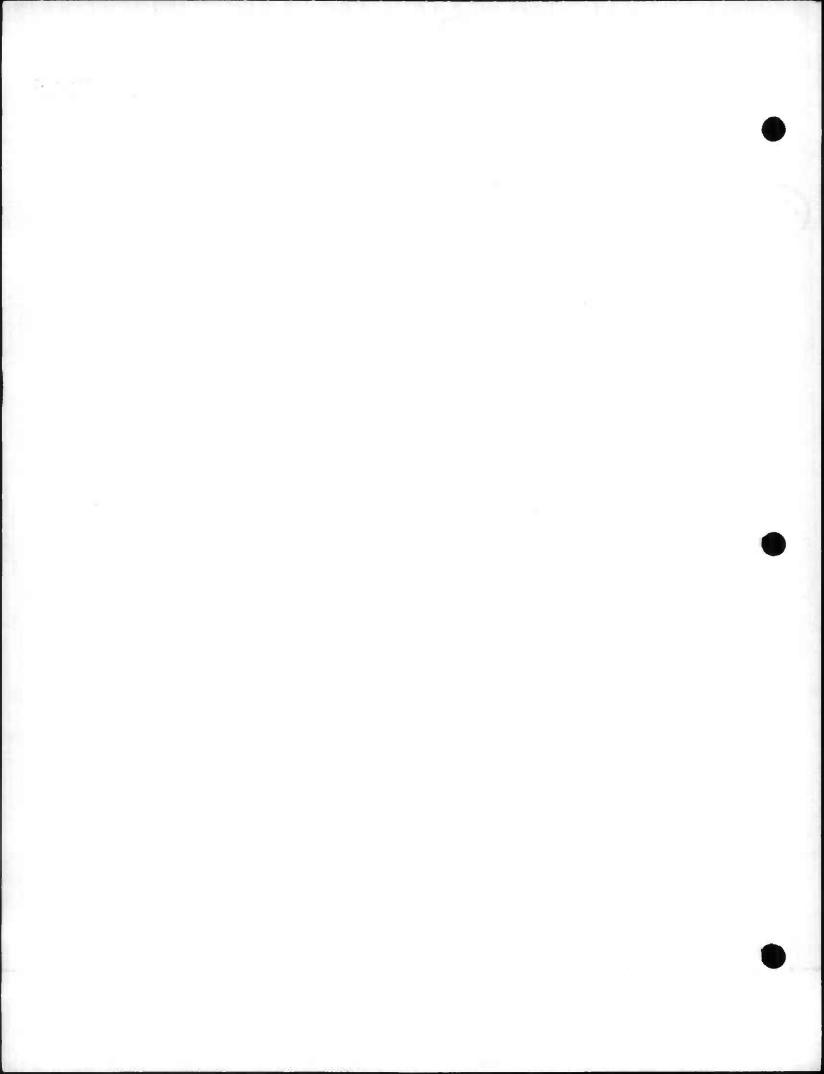
,50 N of Liberty Town

urs after death. Page 6 may be retained by the hosp	the funeral director, page 5 should be	i examiner must be notified at
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deat of Heath and Mental Honleye noter to brital committee, or removal	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AND OF DEATH	MENTAL HYG		93	37225	
	1. DECEDENT'S NAME (First, Middle, Last) Ruby L. Limk	RUBY LADONN	NA L	IMKE		2. DATE OF DEAT MONTH 12	DAY 2	YEAR 93	3. TIME OF DEATH 11:00 AM M	
3	4. SOCIAL SECURITY NUMBER 445-44-3761	6. AGE (In yrs. 1 \(\text{ M 2}\) F 86	last birthday) YRS.	- 1	YS HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye FEB. 28	, 190	7 0	PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give st Avalon Manor Hom- RESIDENCE OF DECEDENT				erstown	DEATH	2.0	shing		
DIRECTOR	10a. STATE 10b. COUNTY	HINGTON	0.00	AGERS					10d. INSIDE CITY LIMITS? 11 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 268 SOUTH POTON	MAC STREET			101. ZIP CODE 21740)	10g. CIT	U.S	what country?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 ☐ YES 2 () IF YES, GIVE WAR OR DATES		If yo	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S (Give kind of the Do NOT u	se retired.)	PATION g most of working		HOME			
BE CON	17. FATHER'S NAME (First, Middle, Lest) JAMES REES'				ELIZAE	AME (First, Middle, M BETH TE)	CARKAN		TEWART	
5	196. INFORMANT'S NAME (Type/Print) HELEN L. LAK!				ASHINGTO	N ST.,	AGERS	MOT	N,MD. 21740	
THE STATE OF	20e. METHOD OF DISPOSITION 1 VBuriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State RUSE		OF DISPOSITIO	ERY 12-3-	-93 F		OWN,	WASH.,MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE ROLL ROLL				REW K. COF E. ANTIETA					
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the list only one cause on each list. DUE TO (OR AS A CONS	ne.	CV.		ch as cardiac or	reapiratory ar	rest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. A 3 0									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C					
	1 YES 2 MO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 280	Home 5 Residence INJURY AT WORK? YES 2 NO		her (Specify) ESCRIBE HOW INJURY OCCURED			
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory,	offics	281. LOCATION (S City or Town,	treet and Numbe State)	or or Rural i	Route Number,	
COMPLETED		CIAN: To the best of my knowledge, R: On the bests of examination and/o							s) and manner so stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jak Mo			29c. LICENSE NU				(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type	. Print)	r . 26 a					

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Mornith, Day, Year)



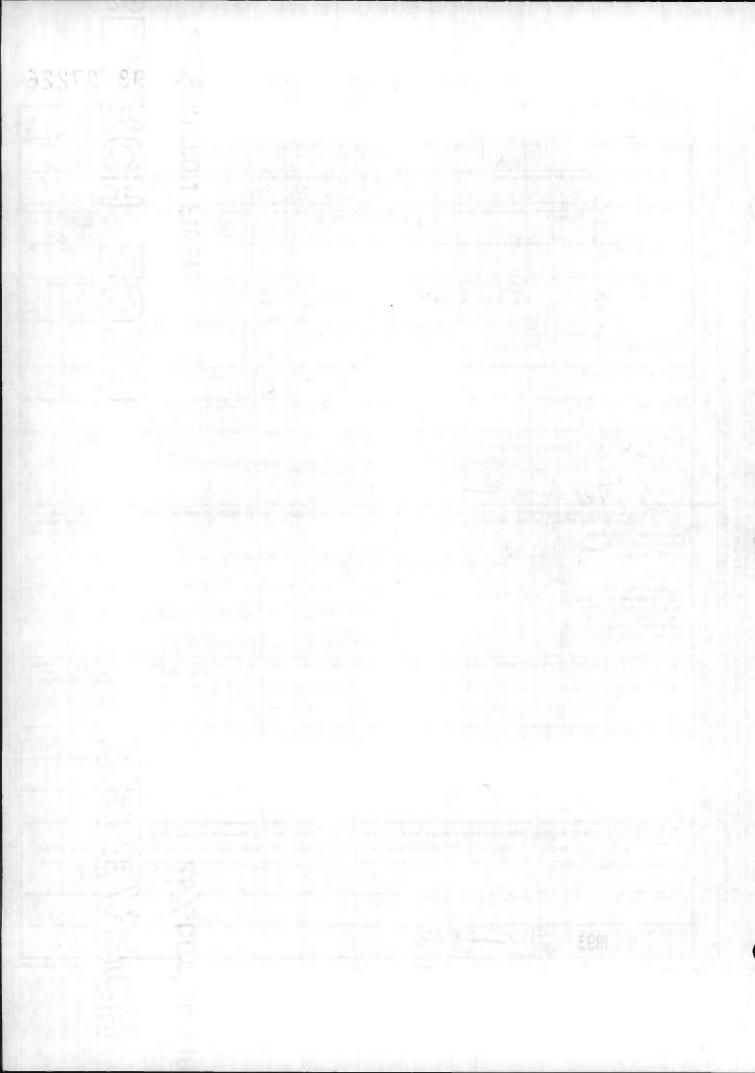
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TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the power after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is find after that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E 93	3 1226
	1. DECEDENT'S NAME (First, Middle, Lest) VEANA	CLVa	20			2. DATE OF DEATH	93	3. TIME OF DEATH
0	4. SOCIAL SECURITY NUMBER 037-14-6822 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	70 YRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sep. 25, 19	23 Rh	ntherace (Subserved)
HOT	Washington Count			Hagerst		EATH	WASHIN	
DIRECTOR		nington	10c. CITY,	Hagers		All or to		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 18336 Woodside Dr	•		10f	21740		10g. CITIZEN O	F WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		city Cuban, Mexico	NIC ORIOIN? (Specify Years, Puerto Rican, etc.)	BI	ACE — American Indian, lack, Whita, atc. pecify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use Housely	ork done during mo retired.)	N st of working	166. KIND OF BUS		
CON	17. FATHER'S NAME (First, Middle, Last) Narcisse		Salvas			ME (First, Middle, Meiden S		napdelaine
TO BE	19a. INFORMANT'S NAME (Type/Print) Eugene R. Lord					Route Number, City or Town	1, State, Zip Code)	
	20a, METHOD OF DISPOSITION 1 General Section 3 General Ren 4 Donation 5 General Other (Specify)	noval from State Sm	p. PLACE AND DATE OF netery, crematory or oth	FDISPOSITION /Ne	me of	DATE 20c LOC	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LI	CANSTE CONTRACTOR		OSBOR	NE FUNE			
	23. PART I. Enfor the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Adult	d the death. Do not each line. Velly A CONSEQUENCE OF	witor o		en an cardiac or reapir		Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	Memory March 1000 Marc	ave	spu	bradera	rdic	
ERTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE OF	my s	-all -cury	Mulmpar	it	
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	na contributing to deeth b	out not reaulting in	the underlying	g cause given in	Part I. 24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPBY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW IN	NURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, sti	reet, factory, office		291. LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,
COMPLETED		SICIAN: To the best of my know ER: On the bests of examination						se(a) and manner as stated.
BE	296. BIGNATURE AND STILE OF CENTIFIE	"(Ph	BR	a z jih	DR2	PS/	29d. DATE SION	NEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE OF DE	A // (TEM 27) (Type,)	Print)	2001	ovston n	mo	2/740
	31. DATE FILED (MONTH) Day, 1807	32. REGISTRAR'S SIGN	ATURE				III S	



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9 2 1 M 2 F 160-03-4924 YRS. June 22 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH Grove DIRECTOR Rockville RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c, CITY, TOWN OR LOCATION Maryland Montgomery Gaithersburg FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit 211 Russell Avenue 20877 tending physician. as the burial-trans 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-15-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Home Maker 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Walter MacMullin Margaret Mintzer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia L. Caum-Lake 236 East 2nd St., Corning, N.Y. 14830 20b. PLACEAND DATE OF DISPOSITION (Name of DATE Metropolitan Crematory 21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home 10 E. Deer Park Dr., Gaithersburg, cremation, or removal. 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, affock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (PINAL septie shork disease or condition reaulting in death) this certificate has been signed by the attending physician and corn with the State Dept. of Health and Mental Hygiene prior to burial, with the State Dept. of Health and Mental Hygiene prior to burial, riced, or Hem 23 shows any Injury, or other traumatic ex trad infector PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY 1 TES 2 NO DIVISION OF VITAL REC OR ATTENDING PHYSICIAN: The law require 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER QE-DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After t 2 Accident TO THE HOSPITAL OR ATTENDIN
TO THE FUNERAL DIRECTOR: Aff
be filed within 72 hours after de:
IMPORTANT: If Item 28 is 1 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 90 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE

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32. REGISTRAN'S SIGNATURE OR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

aind

6. AGE (In yrs. lest birthday)

2. DATE OF DEATH

7. DATE OF BIRTH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 147 8. BIRTHPLACE (State or Foreign Country) 900 Pennsylvania 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Own Home 20c. LOCATION - City or Town, State 12/9 Alexandria, Virginia MD 20877 Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

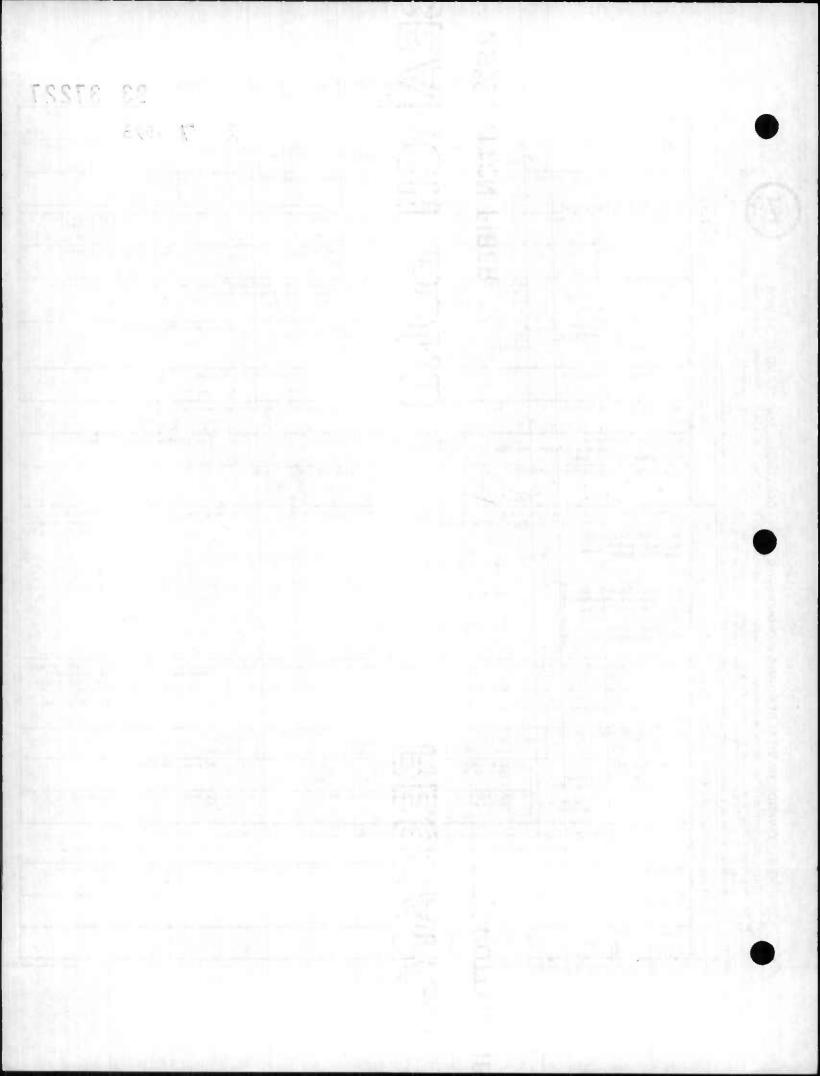
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29d. DATE SIGNED (Month, Day, Year)

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the hospital or attending physician. detached for use as the burial-transit funeral director, page 5 should be detached for retained by nours after death. Page 6 may be n by the fi filled in by and completely fille burial, cremation, 2 the attending physician in Mental Hygiene prior to requires that the death certificate be signed by the been . has be Dept. . DR ATTENDING PHYSICIAN: The law r DIRECTOR: After this certificate has be hours after death with the State Dept. HOSPITAL FUNERAL within 72 | ITANT: If | TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: IS

DIVISION OF VITAL RECORDS, P.O. BOX 6. (7/60)

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Hang J. Lee DECEMBER 05 1993 HANG 3:03 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEX 7. DATE OF BIRTH
(Month, Day, Year)
Apr. / 1935 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 58 DAYS HOURS Korea 212-27-1493 13 112 | F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10h COUNTY IGC CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Silver Spring Montgomery 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9820 Georgia Ave #303 20902 Korea 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Not4. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married 1 YES 2 NO Specify: Specify: Korean BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166, KIND OF BUSINESS/INDUSTRY (So College (1-4 or 5+) Elementary/Secondary (0-12) COMPL Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kim Kang Soo Lee Moo BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 9820 Georgia Ave. #303 Silver Spring, Md. 20902 Song Lee 20a. METHOD OF DISPOSITION
1X□Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata "Norbeck Meme" Grdns. 12-7-93 Silver Spring 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 11800 New Hampshire Ave. Silver Spring, Md. orus 23. PART i. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Cancer ot Stomac months resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate ceuse. Enter UNDERLYING **CAUSE (Disease or Injury** DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES TO NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Unpetiant 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

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Deploys a Value of the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) BE M.D 93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Frid Wenze Tower 110 Johns Hopkins 31. DATE FILED (Month, Day, Year) 30. REGISTRAR'S SIGNATURE Julia Davidson-Randalle 7 1993

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	REG. NO.	9	3 31229	
		1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	Letue In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	9	3. TIME OF DEATH 3. TIME OF DEATH BIRTHPLACE (State or Foreign	
should	8	9a. FACILITY NAME (If not institution, give st	1 PM 2 F	YRS.	OCT TOWN C	HOURS MIN.		th. Pay. Year 2	9c. COUNT	Washington, DC	
1	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	21222	10t-city, 1	OWN OR LOCAT	TION C			1730	10d. INSIDE CITY LIMITS?	
1	FUNERAL (10e. STREET AND NUMBER	verty	hane	101	ZIP CODE	54		10g. CITIZE	1 D YES XX NO N OF WHAT COUNTRY? TEA STATES	
attending physician. se as the burial-transf	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPA ecify Cuban, Mexic NO Specif	an, Puerto	N? (Specify Yes o Rican, etc.)	ir No 14	Bleck, White, etc. Specify: White	
al or for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Musician	done during mo- tired.)	st of working		.C. Pub			
\$ & &	BE COI	17. FATHER'S NAME (First, Middle, Lest) Benny Lerner				16. MOTHER'S NA		Middle, Melden Si sternak			
y be retained lage 5 should be notified	TO	190. INFORMANT'S NAME (Type/Print) Margaret L. Lerne		8902 Lil	perty I	ane, Po	toma	c, Mary		20854	
e 6 ma rector, p		20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	Po	PLACE AND DATE OF D etery, crematory or other tomac U.M	Churc	ch Cemet	ery	P	otoma	or Town, Siste C, Maryland	
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rted within 24 hours after completely filled in by the rial, cremation, or removal c event, the medical		23. PART I. Entar tha diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	C ARD	AC AR			ch aa can	diac or raapira	itory errea	t, Approximata Interval Between Onset and Death	
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requires that to been signed by of Health and shows any is	N: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED 1 YES 2 NO 24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 NO								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN: The law fincate has 1 State Dept titem 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch					
NG PHYSICIA fler this certif eath with the marked, or	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	URY AT		SCRIBE HOW INJ	IURY OCCUP	DED	
DRECTOR: After the hours after death tem 28 is man	ED	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Speci	26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			261. LOC City	ATION (Street and or Town, State)	d Number or	Rural Route Number,	
HOSPITAL DR A FUNERAL DIREC Within 72 hours TTANT: If Item	COMPLET	2 MEDICAL EXAMINER	IAN: To the best of my knowle On the basis of examination							euse(s) and manner as stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Curi K	0		D - 3 0 d			29d. DATE S	IGNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO Shells Levy 31. DATE FILED (Morith, Day, Year)	OMPLETED CAUSE OF DEA	nestour		locky	16.	nd. 2	085	0	
		DEC 0 7 1993	Julia Davidson	Pandell							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

Carol

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) M.D.

132 MEGISTRAR'S SIGNATURE Z

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI		HEALTH AND I	MENTAL HYGIEN REG. NO	-	37230		
16	1. DECEDENT'S NAME (First, Middle, Last) ERICA	SUSAN	LIND	SAY		2. DATE OF DEATH MONTH D. DEC. 8		3. TIME OF DEATH 93 12:13 P M		
	4. SOCIAL SECURITY NUMBER 220–56–7476	1 🗆 M 2 💢 F	GE (In yrs. last birthday) 51 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Oct 16,		BIRTHPLACE (State or Foreign Country) China		
ECTOR	98. FACILITY NAME (If not institution, give etc. 6812 Delaware St.)				OR LOCATION OF DE	ATN	MON'	tgomery		
DIR	10e. STATE 10b. COUNTY	gomery	9-	nevy Ch				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	6812 Delaware St				20815		Aust	ralian		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	If yes,	ECENDENT OF NISPAN apacify Cuben, Mexica ES 2 ND Specify		s or No— 14	. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 8+)	16e. DECEDENT'S I (Give kind of w life. Do NOT use Assista	ork done during retired.)	most of working	Baltimo				
BE CON	17. FATNER'S NAME (First, Middle, Leet) Michael F.	M. Linds	-		Hsiao L					
2	190. INFORMANT'S NAME (Type/Print) Susan Lawrence (I	Daughter)		ADDRESS (Street	t end Number or Rural F	Route Number, City or Tow	rn, State, Zip Co	ode)		
	20s. METHOD OF DISPOSITION 1 General Burlel 2 Comments 3 Remo	vet from State	20b. PLACE AND DATE Of cometery, crematory or other Baltimore—	har plecal			cation - cm	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE /	M00827	Rapp	Funeral		P.A.			
	23. PAPI I. Enter the diseases, or co shock, or heart failure. L	omplications that cause cause cause c	used the death. Do no on each line.	ot enter the r	node of dying, such	h aa cardiac or resp	iretory arrea	t, Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmov DUE TO (OR	AS A CONSEQUENCE OF	Tastas	es from	breast	amo	Onset and Death On Year		
RTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Planese or Injury.									
CERTIF	that initiated events resulting in death) LAST	Patholo	as a consequence of gic front	ine of	left Fer	mar				
MEDICAL	PART II. Other algoriticant conditions DASTLUNA with e Congestive heart 3) Hypertens 10n	hronic obs failure (a (4) SIP Lef	th but not resulting in tructure pr 15 ravaled by t nephroton	y Adria	ing cause given in any disposition to concor-196	PERFOI 1 VES	PMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Che					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUP	RED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	JURY — At home, term, s (Specify)	treet, factory, of	fice	281. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DISCOUNTS ON 1							suse(e) end menner se stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	very MC)	Outres	D 130	BER 595		C. 9, 1993		

11510 Old Georgetown Rd, Rockville, MD

DHMH-16 Rev 1/89

20852

1	1. DECEDENT'S NAME (First, Middle, Last)		CEI	HIFICAL	E OF	DEATH		REG. NO		3.	TIME OF DEATH
	Marianne	Lopes	>				Mode	- 3	0,9	3	11:00
	4. SOCIAL SECURITY NUMBER	/ 77	(In yrs, last t	MONTH	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH		Country)	ACE (State or Foreig
	90. FACILITY NAME (If not institution, give	1 M 2 F	1	YRS.	TV TOWAL	OR LOCATION OF D	,	28		NEW Y	
OB	Montgomer		I Ho	Sp. (11	ey	EATH		1 1 1	ntay	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c. CITY, TOWI	OR LOCA	TION				10	od. INSIDE CITY
0	MARYLAND	MONTGOMERY		SI		SPRING					YES 2 NO
RAL	100. STREET AND NUMBER		- "0	2.4	10	. ZIP CODE			10g. CITIZ		AT COUNTRY?
BY FUNER	3310 NORTH LEISU	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.S. ARMI	en 4	If yes, sp	20906 CENDENT OF HISPA ecity Cuban, Mexic 2 XNO Speci	an, Puerto			Black, V Specify:	- American Indian, Vhite, etc.
ED E	15. DECEDENT'S EDU		16a. DECE	DENT'S USUAL	OCCUPATION	DN	168	KIND OF BU		VHITE STRY	
	(Specify only highest gradi	completed) College (1-4 or 5+)	(G/ve	kind of work dor to NOT use retired	e durina mo	ist of working					
COMPL		3	PUBL:	IC RELA	TION			EW YOR		EPHON	E CO.
	17. FATHER'S NAME (First, Middle, Last) MICHAEL GANG	Δ				GRACE		Middle, Meiden JZZO	Surname)		
BE	198. INFORMANT'S NAME (Type/Print)	1	19b.	MAILING ADDRE	SS (Street e	INTERIOR OF Purel		_	m, State, Zip C	Code)	2090
2	SEBASTIAN LOPES		33	10 NORT	H LE	ISURE WO	RLD I	BLVD.#	324 SI	LVER	
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Ren	noval from Stats	Ob. PLACE AN	D DATE OF DISP	OSITION (No		DAT		CATION — C		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		ATÉ O	F HEAVE		METERY	12/3	SIV	LER SI	PRING	, MARYLA
	· Robert E	Rams		F 5	RANC:	ND ADDRESS OF FI IS J. CO NIVERSIT	LLINS Y BLV	/D.,W.	SIL.S	SPR.,	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one cause on	each line.			Jewlere		diac or reap	Iratory srre	s1,	Approximats Interval Betw Onset and D
z		Rena	17	aluri							1 Mont
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										years.
CERTIFIC											
A	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									ERE AUTOPSY FIND MILABLE PRIOR TO	
MEDICAL	3/10/00							1 - YE\$:	è HO	0	OMPLETION OF CAU F DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	•	ОТН		LACE OF DEATH (C	heck only or	10)			
HYS	1 YES 2 NO	1€ Inpatient 2 □ ER/Ou 28s. DATE OF INJURY	-		ursing Hon	ne 6 🗆 Residence					
BY P	1 Natural 5 Pending	(Month, Day, Year)		INJURY M	WC	URY AT ORK? YES 2 NO	28d. DE	CHIBE HOW	/ INJURY OCCURED		
	2 Accident 3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural R City or Town, State)								r Rumi Rou	te Number,	
Li I	29a. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the beat of my kno		h occurred at th	time, date	end place, end du					
COMPL	one) —	ER: On the beels of examinat	ion end/or im	restigation, in m	opinion, o	seath occured at the	e time, date	and place, e	nd due to the	cause(e) a	nd manner as state

DEC 0 6 1993

DHMH-16 Rev 1/89

		1120011011			OLITIN	ICATE	OF	DEATH		REG. NO			
	1 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	TE OF DEATH	AV.	YEAR	3. TIME OF DEATH
	1 3	Anthony Louis Lembeck							De	December 7, 1993			8:33P M
	1 3	4. SOCIAL SECURITY NUMBER		6. AGE (In)	yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS	(4.4	E OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
2	1	577-28-5869	1 M 2 D F	77	YRS.	MONTHS	DAYS	HOURS MIN		. 20, 1	916		esota
3 should		9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	TOWN C	OR LOCATION OF	DEATH		9c. COUNTY OF DEATN		
2,	0 8	Holy Cross Hospit	cal			Silver Spring				Montgomery			
4-2°	<u>[</u>	RESIDENCE OF DECEDENT											
200	DIRECTOR					Y, TOWN OR	LOCAT	ION					IOd. INSIDE CITY
Ē		Maryland Monto	gomery		Whea	ton							YES XX NO
2	A B	12402 Veirs Mill	l Dood					ZIP CODE					AT COUNTRY?
physician. burial-transit permit. Pages	FUNERAL	12402 Vell'S Mill		20906 13. WAS DECENDENT OF HISPANIC ORIGIN? (5						ed St			
physician burial-tra		1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1X	XYES	2 NO	H)	yes, sp	ecify Cuban, Max	Ican, Puart	IIN? (Specify Yes o Rican, etc.)	or No-	14. RACE - Black,	– American Indian, White, etc.
	B	3 Widowed 4 Divorced	World Wa		S	1[YES	XX NO Spe	ecify:		- 1	Specify	hite
as en	0	15. DECEDENT'S EDU	JCATION		Be. DECEDENT'S	USUAL OCC	UPATIO	ON	10	5b. KIND OF BUS	SINESS/IND		
5 0	E	(Specify only highest grad Elementery/Secondary (0-12)	completed) College (1-4 or 5+)		(Give kind of a	work done dur	ring mo	st of working	- 1		J. 176.3071110	,001H1	
hospital ached fo	릴		2		Enginee	ring	Тес	:h		Burea	an of	Star	darde
the hospit detached once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)			,					, Middle, Maiden		Dear	daras
8 8 a	BE (Arthur Lembeck						Anton	ia Bu	icman			
5 should notified	0 B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street a	nd Number or Ru	al Route Nu	mber, City or Town	n, State, Zip	Code)	
	F	Josephine W. Lemb	oeck		12402	Veir	s M	ill Roa	ad. W	heaton	Mar	vland	20906
may be x, page		20a. METHOD OF DISPOSITION	and from State	20b. PL	ACE AND DATE	DE DISPOSITI	ION (No	ma of		TE 200 LO	CATION	Ott	
E e		1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	Dari	ry, crematory or o nestown	Pres	byt	. Churc	ch Ce	m. Darr	esto	wn. M	larvland
death. Pag turteral of examiner	1 1	St. Burlet 2 Cremetion 3 Removal from State Commettery, cremetory, or other place) Darnestown Presbyt. Church Cem. Darnestown, Maryland Darnestown Presbyt. Property Prope											
	Ш	Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805											
d in by the or remova		23. PART I. Enter the diseases, or complications that beused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.										Approximate	
filled in the on, or rer		shock, or heart failure. List pnly one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death											
			. Acc	UTE	MYO	CARO	11	L IN	FARC	TION			1/2 Lour
		resulting in deathy	OUE TO (OR AS A CO	ONSEQUENCE OF	F):				`			
and corr o bunial.	z	disease or condition resulting in death) s. ACUTE MYOCARDIAL INFARCTION 1/2 Laun OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CALISE (Disease or the light) 1/4 DETERMINENT 1/4 METALLICIAN 1/2 Laun											
8 "0 =	CERTIFICATION	Sequentially list conditions, If sny, leading to immediate										/	
	2											1742	
h certificate inding physi Hygiene pri or other ti	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
E 5 - 6	甾	d											
that the dea ted by the att th and Menta any Injury,		PART II. Other aignificant condition	ns contributing to d	leeth but	not resulting I	n the unde	eriying	ceuse given	In Part I.	24e. WAS AN	AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS
uires that the disigned by the a Health and Men	EDICAL	DIABETES								PERFOR		A	MAILABLE PRIOR TO OMPLETION DF CAUSE
signe Signe Health		NYPERTE								1 TYES 2	MO NO		F DEATN?
been 1. of	2											'	YES 2 NO
N: The law required that has been State Dept. of Item 23 sho	₹ I	25. WAS CASE REFERRED TO MEDICAL	Γ				26 PL	ACE OF DEATH	Check only	nne)			
OR ATTENDING PHYSICIAN: The law req DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 sh	PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:											
SICIA certif	H	27. MANNER OF DEATN	28a. DATE OF II	NJURY	28b. TIM		Bc. INJU	o 5 € Residenc	· ·	er (Specify)	WILLIEN OCC	UREO	
DING PHYSICIA After this certification with the marked, or		1 Netural 5 Pending	(Month, Day	(Year)	INJ	URY	WOI					JOI 120	
NDING I: After r deat	ВУ	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF	INJURY —	At home, farm, a				28f. LO	CATION (Street a	nd Number	or Rural Rou	de Number
TTEN TOR: after	COMPLETED	4 Homicide determined	building, et	tc. (Specify)						y or Town, State)			
OR A DIRECT POURS	9	29e. CERTIFIER											
RAL 72	Σ	(Check only one) CERTIFIEN PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
HOS!		29b, SIGNATURE AND TITLE OF CERTIFIE				100				te ento prace, an			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be filled within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 is marked, or Item 23 shows	H	Euro P	Lilro	MI	>			29g. LICENSE N	iumber '4 フ/				fonth, Day, Year)
5 5 5 2	2	30, NAME AND ADDRESS OF PERSON WIL	V			Drint1 a -	لِر	10 0	. / 0		700	0	1883
5+1		EUGENE P	Libr=	as ()	10	14	DU CO	PACE	LAN	70	095	
′′′		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10400 CONNECTICUT AVE EUGENE PLIBRE MD NEWINGTON MD 20885 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
		DEC 0 9 1993	Julia Davidson	0 -									
T"			7	- 10									- 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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_	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.				
	1. Decedent's NAME (First, Micolin, Lant) Dorothea Augusta Maben						2. DATE OF DEATH DAY YEAR DEC. 9 1993 13. TIME OF DEATH				
OR	214 22 6222	SEX 6. AGE (I		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BURTH		BIRTHPLACE (State or Foreign Country) Maryland			
	88. FACILITY NAME (If not institution, give atreet Carroll County G			OR LOCATION OF DEATH Stminster Scarroll							
5	RESIDENCE OF DECEDENT										
DIRE	Maryland Car		estmin		16d. INSIDE CITY LIMITS? 1 X YES 2 NO						
VERAL	67 Timber Ridge			109. CITIZEN OF WHAT COUNTRY U.S.A.							
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	If yes, spe	ENDENT OF NISPAN Helfy Cuben, Maxica 2 X NO Specify	Bleck, White, etc. Specify: White							
0	15. DECEDENT'S EDUCATION (Specify only highest grade com-		16a. DECEDENT'S US	UAL OCCUPATIO	ON .	16b. KIND OF B	USINESS/INDUS	TRY			
TO BE COMPLETED		college (1-4 or 5 +)	Me. Do NOT use n	k done during most of working elired.) CCOuntant Bendix							
6	17. FATNER'S NAME (First, Middle, Leat)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)				
BE C	Harry Rudolph Vo	editz	Top Man mo as	200500 (2004)		Ruby P					
5	Thomas E. Vedit:	Z			Md. 21157						
	20a. METHOD OF DISPOSITION 1 № Burtal 2 □ Cremation 3 □ Removal 4 □ Donation 6 □ Other (Specify)	from State 20b.	PLACE AND DATE OF I	place)	med eterv	DATE 20c. 1	ocation - ch	y or Town, Stata			
- 9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Naun T. Fl	Many 1 Helike Thomas D. Fletcher & Son F.H. 254 East Main St. Westminster, Md.									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) a. Polymouseur Condition										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
빙	d										
MEDICAL	PART II. Other significant conditions of	cause given in	PERF	PERFORMED? 1 YES 2 NO 1 N YE							
Z											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		, 26, PL	ACE OF DEATH (Ch	eck only one)					
YS	1 YES 2 NO 119	Inpatient 2 - ER/Outpo			5 🗆 Residence	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation		URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	SCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be detarmined	et, factory, office	offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER										
J BE	1 - GOLU A TO		D316		29d. DATE SIGNED (Month, Day, Year) 1 (2) 18 (3)						
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA									
1	THOMAS GALVA		42 WASHI	NGTON	RA LA	erth waste	n mo	3-1157			
	31. DATE FILED (Month, Day, Yber)	32. REGISTRAR'S SIGNA	TURE 1.00			12					

Z			A STANTANTANTANTANTANTANTANTANTANTANTANTANT	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink are after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIV	TO THE HOSPITAL DR A	TO THE FUNERAL DIRECT DE filed within 72 hours	IMPORTANT: If item 28 is marked, o	

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						EATH DAY	YEAR :	3. TIME OF OEATH		
1	SHERRY ALMA DAY MEDLEY DEC. 2 1993										
			(in yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIE	RTH	0. BIRTHP	LACE (State or Foreign		
	22-56-7777	1 D M 2 XF 4	O YRS.	THE DAYS	HOURS MIN.	(Month, Day, DEC. 21		MARY			
	9a. FACILITY NAME (If not institution, give atre	net and number)	96	CITY, TOWN OF	LOCATION OF DE			UNTY OF DE			
Œ.	821 BESTGATE RD.			ANNADOI	TC		A 3	INTEL AD	LIMBELL		
13	821 BESTGATE RD. ANNAPOLIS ANNE ARUNDEL										
Ĭ,	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
ā	MARYLAND ANNE	ARUNDEL		ANNAPOI	LIS		1 YES				
4	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W										
EN I	821 BESTGATE RD.				21401		Т.	J.S.A.			
FUNERAL DIRECTOR	11. MARITAL STATUS	14. RACE -	- American Indian,								
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spec	cify Cuban, Maxican 2 XNO Specify	, Puerto Rican,	can, etc.) Black, White, etc. Specify:				
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 TWO Specify: Specify: BLACK										
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU			16b. KINO	OF BUSINESS/II	NOUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	tired.)	to working						
<u>a</u>		4vrs.	Social W	orker_		STATE OF MARY			LAND		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	WE (First, Middle,	Melden Surname)		- 1		
BE (ORLANDO L. DAY				FLOREN	CE PUL	LEY				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street an	d Number or Rural R	loute Number, Cit	y or Town, State, 2	Zip Code)			
F	FLORENCE DAY		821 BES	TGATE F	RD. ANNAI	POLIS.	MD. 214	ω1			
	20a. METHOD OF DISPOSITION 1 ◯ Turial 2 □ Cremation 3 □ Remov	20	b. PLACE OF DISPOSITION				20c. LOCATION -		n, State		
	4 Donation 6 Other (Specify)	P	INELAWN ME	M. PARK			ANNAPOLIS, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME ANI	D ADDRESS OF FAC	CILITY					
	- Langu H-	Reese		REESE	& SONS N	MORTUAR	Y, P.A.				
			d the death. Do not		ST ST. Al				Anorovimete		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between										
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) a. Repair to the As a consequence on:										
_									1		
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING A Distribution of the conditions of the cause of th										
X											
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
토	resulting in deeth) LAST	Aquic	ed Immo	ndefic	Johan S	Sholes	mo		9 years		
	DART II Oshan significant conditions				- 0						
¥											
ă	1 YES 2 NO								COMPLETION OF CAUSE OF DEATH?		
M											
ä											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 ^	26. PL	ACE OF DEATH (Chi	ack only one)					
S		1 Inpetient 2 ER/Out	tpetient 3 DOA 4	☐ Nursing Home	6 Nasidence	6 Other (Spe	city)				
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJL WOI	JRY AT RK?	26d, DEŞCRIB	BE HOW INJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, stre- ecify)	et, factory, offica	281. LOCATION (Street City or Town, State		(Street and Number, State)	ot and Number or Rural Route Number, te)			
	4 Homicide determined										
3	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
COMPLETED	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	29b. SIONATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM	ABER	29d. D.	ATE SIONED	(Month, Day, Year)		
) BE	Nich	las Tou	mi mo		D326	19	•	12/61	97		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int)	2, 0						
	705	Melil	Ave Ah	hopeli	Md.	2140	1				
	DEC 07 1993	32, REGISTRAR'S SIG	NATURE /								

1831, ,

	3 should	
Z	permit. Pages 1, 2, 3	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 1	1. DECEDENT'S NAME (First, Middle, Li								2. DATE OF D				
	JACOB R. MELLOTT									- 36 —	93 YEAR	10:25 PMM	
3	4. SOCIAL SECURITY NUMBER	5. 9EX	B. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, Day	Mari .	COU	THPLACE (State or Foreign ntry)	
	215-26-1188	1 ▼ M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	15-6	1-19/8	Mai	vland	
	9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY	, TOWN I	R LOCATI	ON OF DE			COUNTY OF		
œ	Washington Cou	aty Hospita	1		LI	000	o t or r	_			17l-		
	RESIDENCE OF DECEDENT	ity nospita	1,		П	ager	stow	LI	Wa			shington	
DIRECTOR											10d. INSIDE CITY		
<u> </u>	Maryland Wa		ш	0000	ator:	m				LIMITS?			
	10e. STREET AND NUMBER	shington	_	Hagerstown 100. ZIP CODE						Lan	1 YES 2 X ND		
FUNERAL	The state of the s								109.		WHAT COUNTRY?		
9	Route 11 North					217	40			US	SA		
5	11. MARITAL STATUS	EVER IN U.S. AI		13.	WAS DEC	ENDENT C	F HISPAN	NC ORIGIN? (Sp n, Puerto Rican	ecify Yea or No	- 14. RA	CE — American Indian, ick, White, etc.		
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	R OR DATES				2 X NO			, 410.)	1	nother	
	J A Million 4 D Divides		WW Z									White	
	15. DECEDENT'S (Specify only highest g		16a. Di	ECEDENT'S live kind of v	USUAL O	CCUPATIO	ON ast of world	N7	16b. KINI	OF BUSINESS	INDUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille	. Do NOT us	e retired.)								
<u> </u>	4 years			Farme	r				Fa	rming			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden Sumai	ne)		
	Albert Mell	ott					Ev	a	Knave	1			
BE	19a. INFORMANT'S NAME (Type/Print)		T .e	L MAILING	ADDRESS	0 (01			Route Number, C		71-0-1-1	-	
2	James Blove	r		t. 3					sport,			21705	
		L	_		_			TTall				21795	
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 1	lemoval from State	20b. PLACE cemetery, ce						DATE	20c. LOCATIO			
- 1	4 Donation 8 Other (Specify)		Stery, of	aul			,		12/3	Clear	Sprin	ng, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)	22. C-C	NAME AL	D ADDRE	MI DO	CLITY	305 N	Poto	nac Street	
	Jun Olx X	1.()/W	MC				1 Ho						
	23. PART I. Enter the diseases,	101										Maryland	
	shock, or heart fall. iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause Reside	irali	34	Fa	ila	re					Interval Between Onset and Death	
		DUE TO (C	OR AS A CONSE	OVENCE OF	7:					183.11			
2		- Bro.	ncho	mo	111	nin	na					One week	
2	Sequentially list conditions, if any, isading to immediate	DUE TO (C	OR AS A CONSE	DUENCE OF	7):								
4	cause. Enter UNDERLYING	. seh	tic.	She	Des	k						One week	
Ĭ	CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSE	OUENCE OF):	-	•				- 0		
_	resulting in death) LAST	CAR	elson	In sc	ula	w	acc	id	ent				
r		d. Relisso Vas						scular accid				3 months	
CER										3 months			
- 11	PART II. Other significant condi	tions contributing to d	eeth but not	resultipg i	in the ur	nderiyin		given In		. WAS AN AUTO	PSY 2	3 months	
- 11	PART II. Other significant condi	tions contributing to d	eeth but not	resulting	in the un	nderiyin		given In	Part i. 24e	WAS AN AUTO PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
- 11	PART II. Other significant condi	tions contributing to d	eeth but not Fa	resulting	in the ur	nderiyin		given In	Part i. 24e	. WAS AN AUTO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant condi	Renal	rat	elu	ne.			given in	Part i. 24e	WAS AN AUTO PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL		Renal berya Hyper	rat	elu	ne.		g couse		Part i. 24a.	WAS AN AUTO PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER?	Renal belyd Hyper	rat nat	elu rem	ne.	26. PI	g couse		Part i. 24e	WAS AN AUTO PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
YSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	rat	elu rem	NE LA	26. PI	g couse	eath (Ch	Part i. 24a.	WAS AN AUTO PERFORMED? YES 2 [] NI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Renale HOSEITAL: 1 Depellent 2 1 28e. DATE OF III (Month, Day,	ral ER/Outpetlent:	DOA 200. TIM	OTHER 4 Nur	26. Pi Ri: sling Hori 28c. IN.	g couse	EATH (Chi	Part I. 24a. 1 [WAS AN AUTO PERFORMED? YES 2 [] NI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Returnl 5 Pending	Dental: HOSEITAL: 1 Dental 2 1 28e. DATE OF Its (Month, Day) on 28e. PLACE OF building, at	ER/Outpetlent : NJURY (Year) INJURY — At h	DOA DOA INJ	OTHES 4 Nur E OF URY	28. PI PR: raing Hom 28c. INJ WC	ACE OF D ACE OF D OF S RIVERY AT TRIKE?	EATH (Chi	Part i. 24e. 1 [1 1 1 20 20 20 20 20 20 20 20	WAS AN AUTOI PERFORMED? YES 2 (19 Ni Pecify) HE HOW INJURY	OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Natural 5 Pending investigate 2 Accident investigate 3 Suicide 8 Could not determine	Denale L Hospital: 1 Propellent 2 1 28e. DACE OF building, st	ER/Outpetient : NJURY (Veer) INJURY — At h. Inc. (Specify)	BOM BOM BOM BOM BOM BOM BOM BOM	OTHE! 4 Nur E OF URY M	26. PI 28c. IN. WC 1 tory, office	ACE OF D ACE OF D O 5 R O R O R O R O R O R O R O	EATH (Chi	Part I. 24a. 1 Can and a can	. WAS AN AUTON PERFORMED? YES 2 (IV) PEHOW INJURY N (Street and Numer, State)	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	Dende L. HOSBITAL: 1 Propertient 2 1 28e. DATE OF It (Month, Day) on 28e. PLACE OF building, st	ER/Outpetient : NJURY - At h. INJURY - At h. In y knowledge, d.	3 DOA 28b. TIM INJ	OTHE	28. PI R: raing Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D O 5 R O R O N O N O N O N O N O N O	EATH (ChesisIdence	Part I. 24a. 1 C 8 Other (Spi 28d. DESCRIE 28f. LOCATION City or To	WAS AN AUTOIPERFORMED? YES 2 N OCITY N (Street and Numer, State)	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	Denale L Hospital: 1 Propellent 2 1 28e. DACE OF building, st	ER/Outpetient : NJURY - At h. INJURY - At h. In y knowledge, d.	3 DOA 28b. TIM INJ	OTHE	28. PI R: raing Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D O 5 R O R O N O N O N O N O N O N O	EATH (ChesisIdence	Part I. 24a. 1 C 8 Other (Spi 28d. DESCRIE 28f. LOCATION City or To	WAS AN AUTOIPERFORMED? YES 2 N OCITY N (Street and Numer, State)	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Dender All Properties of the Miner: On the basis of axastrian	ER/Outpetlent : NJURY — At h. tc. (Specify) Ty knowledge, d. minetion end/or	3 DOA 28b. TIM INJ	OTHES 4 Nur E OF URY M street, fact	PR: saling Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D B 5 Re URY AT PKS 2 Re and place leath occu	EATH (Chestelland) NO	Part i. 24a. 1 24a. 1 25c. 26d. DESCRIE 28f. LOCATION City or To	WAS AN AUTON PERFORMED? YES 2 N WE HOW INJURY N (Street and Nu wn, State) and manner as place, and due	DO OCCURED mber or Rura s stated. to the caus-	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number, p(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Dender All Properties of the Miner: On the basis of axastrian	ER/Outpetlent : NJURY — At h. tc. (Specify) Ty knowledge, d. minetion end/or	3 DOA 28b. TIM INJ	OTHES 4 Nur E OF URY M street, fact	PR: saling Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D B 5 Re URY AT PKS 2 Re and place leath occu	EATH (Chestelland) NO	Part i. 24a. 1 24a. 1 25c. 26d. DESCRIE 28f. LOCATION City or To	WAS AN AUTON PERFORMED? YES 2 N WE HOW INJURY N (Street and Nu wn, State) and manner as place, and due	DO OCCURED mber or Rura s stated. to the caus-	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Poute Number, Poute Number, Poute Manner se stated.	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	Dender All Properties of the Miner: On the basis of axastrian	ER/Outpetlent : NJURY — At h. tc. (Specify) Ty knowledge, d. minetion end/or	3 DOA 28b. TIM INJ	OTHES 4 Nur E OF URY M street, fact	PR: saling Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D B 5 Re URY AT PKS 2 Re and place leath occu	EATH (Chestelland) NO	Part i. 24a. 1 24a. 1 25c. 26d. DESCRIE 28f. LOCATION City or To	WAS AN AUTON PERFORMED? YES 2 N WE HOW INJURY N (Street and Nu wn, State) and manner as place, and due	DO OCCURED mber or Rura s stated. to the caus-	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO // Route Number, p(a) and manner as stated.	
BE COMPLEIED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Dender All Properties of the Miner: On the basis of axastrian	ER/Outpetlent : NJURY — At ht. (Specify) Ty knowledge, diministion and/or	3 DOA 28b. TIM INJ	OTHES 4 Nur E OF URY M street, fact	PR: saling Hom 28c. IN. WC 1 tory, office	ACE OF D ACE OF D B 5 Re URY AT PKS 2 Re and place leath occu	EATH (Chestelland) NO	Part i. 24a. 1 24a. 1 25c. 26d. DESCRIE 28f. LOCATION City or To	WAS AN AUTON PERFORMED? YES 2 N WE HOW INJURY N (Street and Nu wn, State) and manner as place, and due	DO OCCURED mber or Rura s stated. to the caus-	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,	

BALTIMORE, MARYLAND 21215-0020	th certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physicia
	Sunc
	ľ
50,	within
P.O. BOX 68760,	executed
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0	cate
0	certifi
0	5

DIVISION OF VI AL RECORDS, F.O. BOX 68760,	BAL IIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country after death. Page 6 may be retained by the hospital or attending physician.	er death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit permit nai.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l examiner must be notified at once.

31. DATE FILED (Month, Dey, Year)
DEC 0 7 1993

Jack	st, Middle, Last)								2. DATE O	F DEATH	AY	YEAR	3. TIME OF DEATN	
	c Obie	MORRIS							12	5		93	1935	
4. SOCIAL SECURITY NUI 213-24-907		5. SEX 1 X M 2 - F			(ay) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE O (Month, Aug.	Day, Year)	1933	Count	NPLACE (State or Foreign ry)			
9a. FACILITY NAME (# not	institution, give s	street and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE				NTY OF E	-	
Washington	ashington County Hospital					Hagerstown Washington							ton	
10e. STATE	10b. COUNT	Y	10c. CITY, TOWN OR LOCATION						10d. INSIDE CIT LIMITS? 1 YES 2 K					
Maryland	W	ashingto	n	100	Hag	gers	town					1 YES 2 X		
10e. STREET AND NUMBE			DIN 1			10f	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
10841 Oak	Valley	Drive		23			2	1740			071	U.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 NO			YES 2	ARMED ND	31	f yes, spi		n, Mexica	n, Puerto Ri	(Specify Yes	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. s//y: White	
15. Dr (Specify o	CEDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON of of world	27	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT us				•						
12		2		Se1	f-Emp	ploy				ployr		Agen	су	
17. FATNER'S NAME (First,										ddle, Maiden				
Benjamin N										ffmar				
19s. INFORMANT'S NAME				19b. MAILING										
Wayne B. N				10841				Driv		-			21740	
20a. METNOD OF DISPOS 1 Burlel 2 Crema: 4 Donation 5 Oth	Non 3 🗆 Rem	oval from State	cemetery,	crematory or o	or Disposi ther plece) Wn Cr	rema	torv	12-	6-93		CATION -		, Maryland	
21. SIGNATURE OF FUNER	RAL SERVICE LIN	CENSEE	nn	d.	22. 1	NAME AN	ND ADDRE	SS OF FA	CILITY	linnic	h Fu	nera	1 Home , Md. 21740	
23. PART I. Enter the	disesses, or	complications the	t caused the	death Do									Approximate	
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	hasrt fallure.	List only one can	DXIC	line.	0	1	01	40	100	soft.	/		Interval Between	
Sequentially list cond		a (Art	OR AS A CON	LMD	NON		AV.	res	L				10 days	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													IDAATI	
		d												
resulting in death) LA	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Par									Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO			. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
resulting in death) LA	cent condition	is contributing to	decii but ii						_		dy so		OF DEATH? 1 YES 2 NO	
PART II. Other signific		is contributing to	dedit but it						_	1 YES 2	الرق		OF DEATH?	
resulting in death) LA		HOSPITAL:			OTHER	26. PL			eck only one	1 YES 2	الرين ا		OF DEATH?	
PART JI. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sig	TO MEDICAL		☐ ER/Outpatien	3 DOA	OTHER	26. PL 1: sing Nom 28c. INJ	URY AT	sidence	eck only one	1 YES 2		CURED	OF DEATH?	
PART JI. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of	TO MEDICAL	HOSPITAL: 1 Thipstlant 2 (28s. DATE (Month, L	☐ ER/Outpatien	3 DOA 26b. TIM	OTHER 4 Num E OF JURY M	26. PL I: sing Nom 28c. INJ WO 1 \(\)	URY AT PRICE 2	sidence	BCk only one 6 Other 28d. DESC	1 YES 2	NJURY OC		OF DEATH?	
25. WAS CASE REFERRED EXAMINER? 1 VES 2 ACIDENT 2 Accident 3 Suicide 6 Accident 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Infertent 2 (28s. DATE Of (Month, L) 26s. PLACE (building)	ER/Outpatient INJURY ay, Year) FINJURY — A stc. (Specify) I my knowledge	26b. TIME	OTHER 4 Num E OF UNY M	26. PL I: Ing Nom 28c. INJ 1 1 1	URY AT PRK? YES 2 a	ND ND , and due	sck only one 6 Other 28d. DESC 28t. LOCA City on	(Specity) (Specity) RIBE HOW I FION (Street Town, State)	NJURY OC	r or Rural	OF DEATH? 1 YES 2 NO	

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	 by the funeral director, page 5 should be detached for use as the burial-transit removal. 	idical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)						2.04	TE OF DEATH			A THAT OF OCATA
1. DECEDENT & NAME (First, MICOR, LIST)	F	L MARKATT	r			MO	NTH D		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 YEAR	IF UNDER 24 HF		cember			PLACE (State or Foreign
217-10-0121	1 M 2 F	79		MONTHS DAYS	HOURS MH	. (Mc	p. 15, 19	111	Countr	
9a. FACILITY NAME (If not institution, give		13		SP CITY TOWN	OR LOCATION O		p.15,15	9c. COUNT		
8601-A Downsvill					iamspor					STON
10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	ATION			011		10d. INSIDE CITY
Maryland Wash	ington		Wil	liamspo	ort			10g CITIZE	EN OF W	LIMITS? 1 VES 2 NO THAT COUNTRY?
8601-A Downsvill	e Pike				21759			USA		
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	BMED	13. WAS DE	CENDENT OF HIS	PANIC ORI	SIN? (Specify Ye		4. RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	(ио	It yes, s	pecify Cuban, Me S 2 NO S	xican, Puer			Speci	, White, atc.
15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S U	USUAL OCCUPAT	ION	1	6b. KIND OF BU	ISINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT use	ork done during m retired.)	lost or working					
2			Opera	tor			Vehic	e Repa	air	Service
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Firs	t, Middle, Maider	Surname)		
Charles		1	Malatt			Effi	е			-
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING A	ADDRESS (Street	and Number or Re	ral Route No	imber, City or Tov	vn, State, Zip C	Code)	
Hattie V.Malatt			8601-	A Downs	sville	Pike	William	sport	, MD	21795
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem	owel from State	20b. PLACE	AND DATE OF	FDISPOSITION (lama ol	D.	ATE 20c. LO	CATION - CI	ity or To	wn, Stata
☐ Donation 5 ☐ Other (Specify)		Green	Lawn Mer	morial Pa	ark Dec. 4	.1993	Wil	Liamsp	ort	,MD 21795
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	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE	OF DEATH			3. 1	IME OF DEATH
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В	4. SOCIAL SECURITY NUMBER	ER	5. SEX		E (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		8. BI	RTHPLA	E (State or Foreig
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OH	Franklin So	quare	Hospital	7					ville		DEATH Soc. COUNTY OF DEATH Baltimore County					
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2	Walter W. M	iller			198	1009	Phil	s (Street a Lade	nd Number lphia	or Rural	ad,	ber, City or Tow Joppa,	vn, State, Zi Md.	10 Code 21	085	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the condition of the condition from the condition of the condition from the condition of the condition from the condition of the condition from the condition of the condition PART II. Other aignificer History dependen 25. Was case referred to examiner 1	ons, lists and of pet the condition of pet the cond	A. Hypot DUE TO B. Myoca DUE TO B. Myoca DUE TO C. DUE TO d. D	ensi o (or as rdia o (or as o (or as o (or as o (or as o (or as o (or as o (or as o (or as o (or as o (or as o (or as	each lina LON B A CONSECT B A	DUENCE COUNCE CO	In the unserved at the toon, in my of	nderlyinne, i	g cause g. n.Sull	MCC Shirt Ing, successful and succes	Part I. Part I. 28d. DE 29f. LOC. City to the ca	24e. WAS AI PERFO 1 YES ATION (Street or Town, State use(e) and me	N AUTOPSY RMED? 2 NO INJURY OC and Number inner as sti	CCURET	24b. WEF AWA COM OF 1 1 D Med (a) and	21009 Approximate Interval Bett Onset and E E AUTOPSY FIND LABLE PRIOR TO PLETTON OF CAUSEATH? YES 2 NO

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(1)	
215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permoval.	
BALTIMORE, MARYLAND 21215-0020	by the hospital or	d be detached for u	
ORE, MAR	6 may be retained	tor, page 5 shoul	
BALTIMO	ter death. Page i	the funeral directoral.	

	REGISTRAR		CERTI	FICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RICHARD	ALFONSO	M	7/17	45	WS	2. DATE MONTO		w 9	/EAR	TIME OF DEATH	M
1	4. SOCIAL SECURITY NUMBER 5. 1. 2/2-/4-/308 1	SEX 8. AGE	(In yrs. last birthday 72 YRS.	-		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH 1, Day, Year) -02-19	1	BIRTHPL Country)	ACE (State or Foreign	n
DIRECTOR	9a. FACILITY NAME (If not institution, give street 800 N · TUNIA-TA RESIDENCE OF DECEMENT	,		96. CITY,	TOWN O	de Le	EATH AU		Sc. COUNT	A	TH rd-Ma	1
IREC	10a. STATE 10b. COUNTY		10c. C	TY, TOWN O						1	Od. INSIDE CITY LIMITS?	
	MD H	larford			_	re de C	drace		in ATTITE		YES 2 NO	
FUNERAL	800 N. Juniata S	Street			100.	210	78	log. GITIZE	US			
B	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1X YES IF YES, GIVE WAR OR I	2 NO	i ii	yes, spe	ENDENT OF HISPAU city Cuben, Mexica 2 X NO Specifi	n, Puerto I	17 (Specify Yes Rican, etc.)	or No-	Black, 1 Specify:	American Indian, White, etc.	
	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON apleted)	16a. DECEDENT	S USUAL OC work done duse retired.)	CUPATIO	N t of working	16b	KIND OF BUS	SINESS/INDUS	THY		
COMPLETED	Elementary/Secondary (0-12) C	college (1-4 or 5+)				nt Opera	ton	Cor	atmin	tion		
WO	17. FATHER'S NAME (First, Middle, Last)		neavy	Equi	JilleI	18. MOTHER'S NA				tion		_
BE C	Edward Law	rence Matt						May				
2	19a. INFORMANT'S NAME (Type/Print)	1				nd Number or Rural						
	Mrs. Joyce L. Coc		b. PLACE AND DAT			en Road		l Air,				_
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	rove Pr	other place)	. Ch	. Cem.	12/	14 A	berde	en.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	IEE .		22. 8	NAME AN	D ADDRESS OF FA	CILITY					
	Le 200 earing X.	Lund	I			ell-Smith de Gra						
	23. PART t. Enter the diseases, or com shock, or heart fellure. List the time that the time time the time that the time that the time that the time that the	Hypertac Due To (or as	each line.							t, 	Approximate Interval Betwo	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	DF):	Se	seare						
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Chestic Conditions Contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO											NGS BE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER		ACE OF DEATH (Ch	eck only on	•)				
HYS	1 YES 2 NO 1 E	Inpetient 2 ER/Out	patient 3 DOA	4 🗆 Nurs	ing Home	5 Residence		r (Specify)	HIRDY OCCUP	DED		
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)		IJURY M	WOF		290. DES	CHIBE NOW II	- OCCO	NED		
	Accident investigation Suicide 6 Could not be determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm	street, facto	ory, office		281. LOC City	ATION (Street a or Town, State)	and Number or	Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN (PROPERTY ONE) 2 MEDICAL EXAMINER: 0	N: To the best of my know									nd manner as states	d.
TO BE C	Sulver of Course	LUD!	vitiges	unt	1	29c. LICENSE NUN DO 119;		all control	29d. DATE 5	HIGHED (M	forth, Ony, Year)	
	RIPHARD J. C	OMPLETED CAUSE OF DI	EATH (ITEM 27) (Tyr	e, Print) Z	013	DO 119; TRAM DARL	NE	CHUK TON.	NO.	Ro	1-2	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and an article death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	nediaman				IVAIL		DEA		п	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	ande	ler				2. DATE OF DEATH DAY 1993			3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Stanislaw 5. SEX	6. AGE (In yrs. las	st birthday)	y) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF B	WRTH			PLACE (State or Foreign
	102-30-0326	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS				(Month, Day, Year) Co			and
13	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH	- 1-	9c. COU	NTY OF D	EATH
TOR	Suburban Hospita	1		- 12	Bethesda						Mont	gome	ery
ည္က	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	NOIL						10d. INSIDE CITY
DIRECTOR		Montgomer	У	100.01	, , , , , ,		kvil	Le					LIMITS?
4	10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	11200 Huntover D							352					States
교	11, MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR						NIC ORIGIN? (Sp		or No-	14. RACE Black	— American Indian, , White, etc.
BY	3 XWIdowed 4 □ Divorced	IF YES, GIVE W	R OR DATES			1 TYES	2XXNO	Specify	y:			Specif	»: nite
	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	D OF BUS	INESS/INC		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+	life	ilve kind of a . Do NOT us	se retired.)	during mic	AST OF WORKER	N.					
절	12	-		Home	emake	er				Ow	n Hor	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middle	e, Meiden	Sumame)		
BE C	Pawel T	udek						Zofi	a Szcz	epek			
2	19e. INFORMANT'S NAME (Type/Print)								Route Number, C	,			
F	Aleksander B. Ma	cander	1	1200	Hun	tove	r Dr	ive,	Rockv	ille	, Ma	rylar	nd 20852
	20e. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Ren 4 □ Donation 6 □ Other (Specify) □	noval from State	206. PLACE .	and DATE	of DISPOS ther place)	OU	r La	dy /e	f DATE	Doy	lest	City or To	
	1 No Burlai 2 Cremation 3 Removal from State Commetery, crematory or other place) Our Lady of Doylestown, Pennsylvania												
Muckele 9 Kettle M00348 Home/Bethesda-Chevy Chase, Inc., 755. Wisconsin Ave., Bethesda, Maryland 20						7557							
	23. PART I. Enter the diseeses, or	complications that	coused the de	eth. Do r									Approximete
	shock, or heart failure. iMMEDIATE CAUSE (Finel	List only one ceus	e on each line	D.									Interval Between Onset end Death
									1 -1				
	resulting in death) a. Yun Wilnows Small I large Bowel 56									0 6			
2	disease or condition a. Generalis Small & large Bowel 56 Gue to (off as a consequence of): Sequentially list conditions. 6. Mesendence as Lery occlusions.									156			
CERTIFICATION	Sequentieity list conditions, If env, leeding to immediate												
3	cause. Enter UNDERLYING	· anter	DS Que	cotu	Ve	na	elos	de	sur				4200
Ë	CAUSE (Disease or Injury thet initiated events		OR AS A CONSE										
FF	resulting in death) LAST	d											
	PART ii. Other significant condition	ne contributing to	donth but not a	an an albiman	lm the co	a de alcala		diam's la	Deat las			Lan	
EDICAL	TAIT II. Other aignificant condition	to the contributing to	Jean Dut not i	reauting	in the ur	ideriyiri	g cause i	given in	Part I. 24a	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ									10	YES 2	NO NO		OF DEATH?
Σ													1 YES 2 NO
ä													
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1/ Inpatient 2	ER/Outpatient 3	□ DOA			10 5 🗆 Re	sidence	6 Other (Sp	ectly)			
PHYSICIAN:	27. MANNER OF DEATH 1 ☑ Newfrei 5 ☐ Pending	26e. OATE OF (Month, De		28b. TIM	E OF URY M	WC	URY AT ORK? YES 2	NO.	28d. DEŞCRIE	BE HOW II	NJURY OC	CUREO	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At he	ome, farm,	street, tact				261. LOCATIO	N (Street a	nd Number	or Rural R	loute Number,
COMPLETED	4 Homicide 6 Could not be determined	buliding, o	rtc. (Specify)						City or To	wn, State)			
PLE	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	eath occurr	ed at the t	Ime, date	end place	, and due	to the cause(s) end men	ner es sta	ted.	
MO	one)	ER: On the besis of ax	amination end/or	Investigation	m, In my o	opinion, c	leath occu	red at the	time, date end	place, an	d due to th	ne cause(s) end manner es stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE	in a second					29c. LICI	ENSE NUI	MBER		29d DAT	E SIGNED	(Month, Day, Year)
BE	Jerenney	00011	0 110	1			DA	91-	(4.7)		P10	اها	? >
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)		100	(0	0 2			131.	7.5
	1 0	000140	10			0	nn	1	, 16	401	400	4	MA
	31. DATE FILED (Month, Day, Year)	32. BEGISTBAI	R'S SIGNATURE	10	100	0	nn	HU	10	- CV (7	N	v. vu
	DEC 0 7 1993	Julia Dav	idson-Ran	dell									

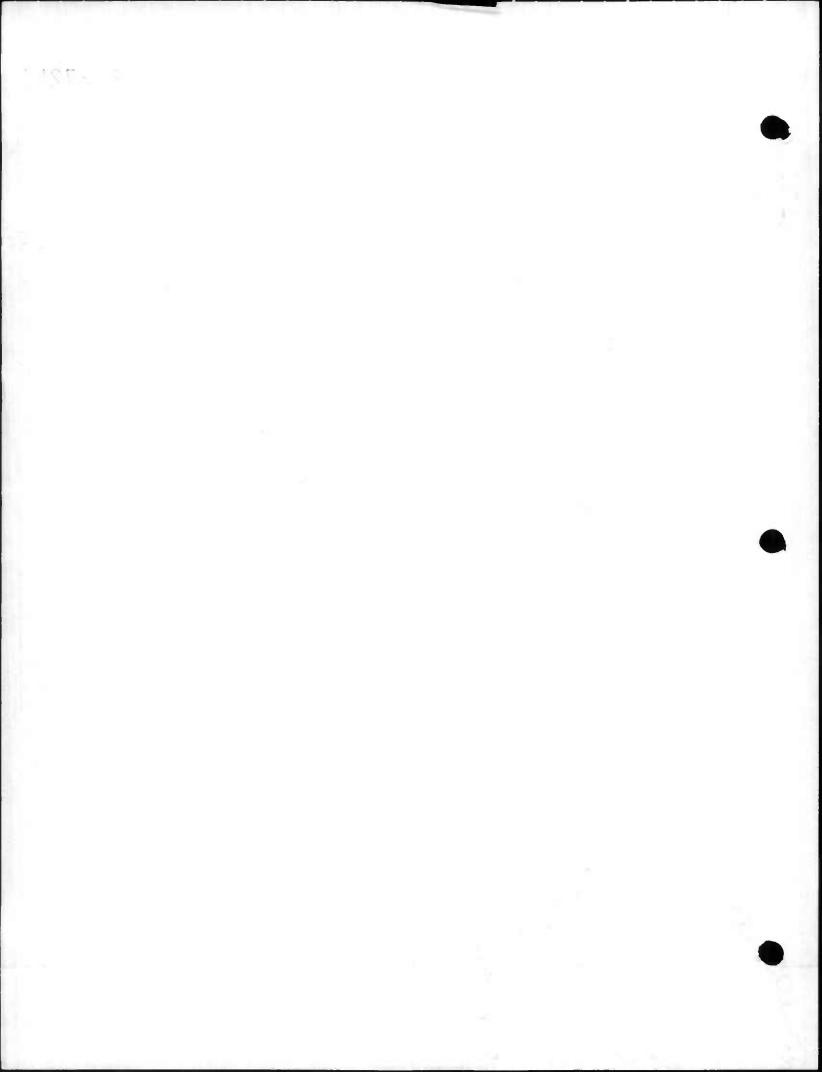
REG. NO.

Del Tr		ping
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ý.	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	Edith G	ertrud	e McQuar	rie						Decemi	MONTH DAY YEAR 4:30 A M			
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	11111111	7. DATE OF	7. DATE OF BIRTH 8. BIRTH			PLACE (State or Foreign
- 8	551-06-845	4	1 🗆 M 2 😾 F	98	YRS.	MONTHS	DAYS	HOURS	MWI.	Feb. 6		395	Country	anada
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		,		NTY OF DE	
DIRECTOR	Rockville Nursing Home						Rock	vill	е			Mon	tgom	ery
E	10a. STATE	10b. COUNTY			10c. CIT	c. CITY, TOWN OR LOCATION				-	10d. INSIDE CITY			
E	Maryland	Mon	tgomery			Roc	kvil	1e						LIMITS? 1 YES 2 NO
AL	10s. STREET AND NUMBER							. ZIP COD	E			10g. CITI		HAT COUNTRY?
FUNERAL	303 Adcla	re Roa	d					208	50			Ca	nada	
5	11. MARITAL STATUS			T EVER IN U.S. AR						NC ORIGIN? (S			14 BACE	American Indian, White, etc.
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V					2 NO			n, etc.)		Specify	у:
	Ti.	EDENT'S EDUC	ATION	16a DE	CEDENT'S	LICIAL O	COLIDATIO	241		400 800				White
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed)	(G	ive kind of v Do NOT us	work done			g	16b. KJF	AD OF BUS	SINESS/INC	DUSTRY	
P	8	-12)	College (1-4 or 5		omem	aker				0.0	vn Ho	me		
S S	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTI	HER'S NA	ME (First, Midd				
BE C	Jesse Pair	ne							Jea	n Nich	nol			
0	19a. INFORMANT'S NAME (7)	i/pe/Print)		198	. MAILING	ADDRESS	S (Street e	nd Number	or Rural I	Route Number,	City or Town	n, State, Zip	Code)	
-	Evelyn M. M		ar	2	311	Conn	ecti	cut	Ave.	, N.W.	. Was	hing	ton,	DC 20008
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. PLACE A cemetery, cre	MND DATE C	of DISPOS	ITION /Na	me of Ja	an.19	99 PATE	20c. LO	CATION —	City or Tow	rn, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		FNSEF	- Etern	al V					ark	Newh	all,	Cali	ifornia
	0,	1.7	/ /	,	0100	Ro	bert	A.	Pump	hrey F Chevy	Chae	al H	ome/	
	Lan	75	cend		0198	75	57 W	1SCO	nsin	Ave.	Beth	esda	MD 2	20814-3501
	23. PART I. Enter the di shock, or the	ert failure. I	omplications the List only one cau	it caused the de use on each line	ath. Do n	ot enter	the mo	de of dyi	ng, suci	h as cardiac	or respi	ratory an	reat,	Approximate interval Between
1	iMMEDIATE CAUSE (Fin disease or condition	ai	P											Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):												
z														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CA	cause. Enter UNDERLYi CAUSE (Disease or inju													
E	that initiated events resulting in death) LAS	T	OUE TO	(DR AS A CONSEC	NUENCE OF	7:								
CE			l											İ
	PART II. Other significe	nt conditions	contributing to	deeth but not n	esuiting i	n the un	deriying	g cause (jiven in	Part i. 24	. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL										11	YES 2	I XNO		COMPLETION OF CAUSE OF DEATH?
_							_			_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEGICAL T												
2	EXAMINER?	MEGICAL	HOSPITAL:	Tenna is in it is		OTHER	1 :	. 30	115071	eck only one)	504.0			
¥	27. MANNER OF OEATH		1 Inpetient 2 I	INJURY	28b. TIM		28c. INJ		sidence	6 Other (S)		NURY OC	CURED	
		Pending investigation	(Month, D	lay, Year)	INJ	URY M	WO	RK? /ES 2	NO					
D BY	3 Suicide	Could not be	28e. PLACE O	F INJURY — At hor	me, ferm, s	treet, fact	ory, offic			281. LOCATIO	N (Street a	and Number	or Rural Ro	oute Number,
E	4 Homicide	determined		eta (opocity)						City of it	own, State)			
COMPLETED	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the ti	lme, date	end place,	and due	to the cause(e) and man	ner as stat	led.	
ON I														and menner as stated.
BE 0	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUN	IBER	_]	29d. DAT	E SIGNED	(Month, Day, Year)
TO B	10-6	-8	ree	-6				6	06	5349			12 -	1.92
- 4														
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAU	OF DEATH (ITEN	4 27) (Type,				0	_ /	_	_		
	John E.	PERSON WHO	ly mo	97	() (Type,		edi	cel	C	enter	Qn.	0	OCK	sille ma
	30. NAME AND ADDRESS OF	PERSON WHO	o to REGISTRA	A THE SIGNATURE	(5		edi	cel	C	enter	. Qn	0	OCK	rille ma



ITEMS: 23 PART I, 27, PER MEO FILM G-706 12/30/93 t.t

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1		-		R ATE GIS		AR
	1.	DI	ECE	DEN	T'S	NA
			-			

1 - STATE REGISTRAR	STATE OF M				HEALTH AND F DEATH	MENTA	L HYGIEN	-	J	01676
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEATH
James	E.		Mills	5		12	05		YEAR	1101 A M
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	"	F UNDER 1 YEA		7. DATE	OF BIRTH	8.	BIRTNPL Country)	ACE (State or Foreign
566-62-0921	1)([X M 2 □ F	48	YRS.	DAY:	HOURS MIN.			L945 (Calii	fornia
Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOW	N OR LOCATION OF	DEATN		9c. COUNT	Y OF DEAT	тн
Suburban Hospita	1			Beth	esda			M	lontg	omery
10e. STATE 10b. COUNT			10c. CITY,	TOWN OR LO	CATION				10	d. INSIDE CITY
	gomery		Ca	bin Jo	ohn				1	☐ YES 2 1 NO
10e. STREET AND NUMBER				- 1	10f. ZIP CODE					T COUNTRY?
6520 79th Place						20818				tates
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1) IF YES, GIVE WA	YES 2	NO NO	If yes,	SECENDENT OF HISP specify Cuben, Mexi-	can, Puerto		e or No- 14		American indian, White, atc.
3 Widowed 4 Divorced	Viet N	lam Era		101	ES 2 NO Spec	olfy:			Specify:	White
15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. C	ECEDENT'S U			16	b. KIND OF BU	ISINESS/INDUS		MITCE
Elementary/Secondary (0-12)	College (1-4 or 5+)		He. Do NOT use	retired.)	most of working					
12	4		Contra	ctor			Con	struct:	ion	
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N			Surname)		
Willard C. Mills	3, 111					ara \				
190. INFORMANT'S NAME (Type/Print) Ulrike Mills					et and Number or Rura					2007.0
022210 112220					re Road,					
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	novel from State		E AND DATE OF		ngton Cre			OCATION — CIT		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Date	THOT.6-		AND ADDRESS OF		' [Lau	rel, Ma	aryıa	and
5)10.	110)		Rapp	Funeral	Serv	ices,	P. A.		
Collegn	W. 10	pp			Gist Ave					
23. PART I. Enter the diseases, or shock, or heart fellure.	List only one ceus	caused tha die on sach lis	death. Do no na.	t enter the	mode of dying, su	ich as ca	diac or resp	Hratory arres	il,	Approximate Interval Batween
iMMEDIATE CAUSE (Finel disease or condition										Onset and Death
resulting in desth)	s. ARTERIOS	CLEROTIC OR AS A CONS		/ASCULAR	DISEASE					
	000 10 (011 A0 A 00110	EGGENGE OF).							
Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A CONS	EOUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	6									
that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):							
resulting in death) LAST	d									
PART II. Other significant conditio	ns contributing to	deeth but not	resulting in	the underly	Ing cause given I	in Part I.	24a, WAS AF	ALITOPRY	T 24b W	ERE AUTOPSY FINDINGS
							PERFO	RMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
							1 YES	2 🗌 NO		F DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		-		26	PLACE OF GEATH (Check only o	nne)			
EXAMINER? 1 TYPES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 €	ER/Outpatient		OTHER:	ome 6 - Residence		11.56			
27. MANNER OF OEATN	28a. DATE OF I	NJURY	28b. TIME	OF 28c.	INJURY AT	-		INJURY OCCU	RED	
1 Natural Sale Banding 2 Accident Investigation	(Moran, Da	y, roury	INJU		WORK? YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At I	home, ferm, sti	eet, factory, o	ffice		CATION (Street or Town, State	end Number or	Rural Rou	te Number,
4 Nomicide determined		,,				J.	, John Grand			
29e. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of a	my knowledge,	death occurred	at the time, d	ate end place, end de	un to the co	iuse(e) end me	nner es stated		
ame!	ED: On the heals of an	minetion end/o	r Investigation.	In my opinio	, death occured at th	he time, dat	e end place, a	nd due to the	cause(e) e	ADDITION NOT THE REAL PROPERTY.
one) 2 MEDICAL EXAMIN	En. On the basie of ex									nd menner es stated.
2 MEDICAL EXAMIN 29b. HENATURE AND TITLE OF CHITTEE		754			29c. LICENSE N	UMBER		29d. DATE S		onth, Day, Year)
ZX MEDICAL EXAMIN		#124			29c. LICENSE N			29d. DATE S		
296. SUPLETURE AND TITLE OF CHITTEN	"Yhee	E OF DEATH (IT			29c. LICENSE N			29d. DATE S		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)

ROSE

4. SOCIAL SECURITY NUMBER

C.

E. HOWE

1993

31. DATE FILED (Month, Day, Year)

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12. REDISTRAR'S SIGNATURE LA DAMISTON - Mangalet

MOORE

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IF UNDER 1 YEAR

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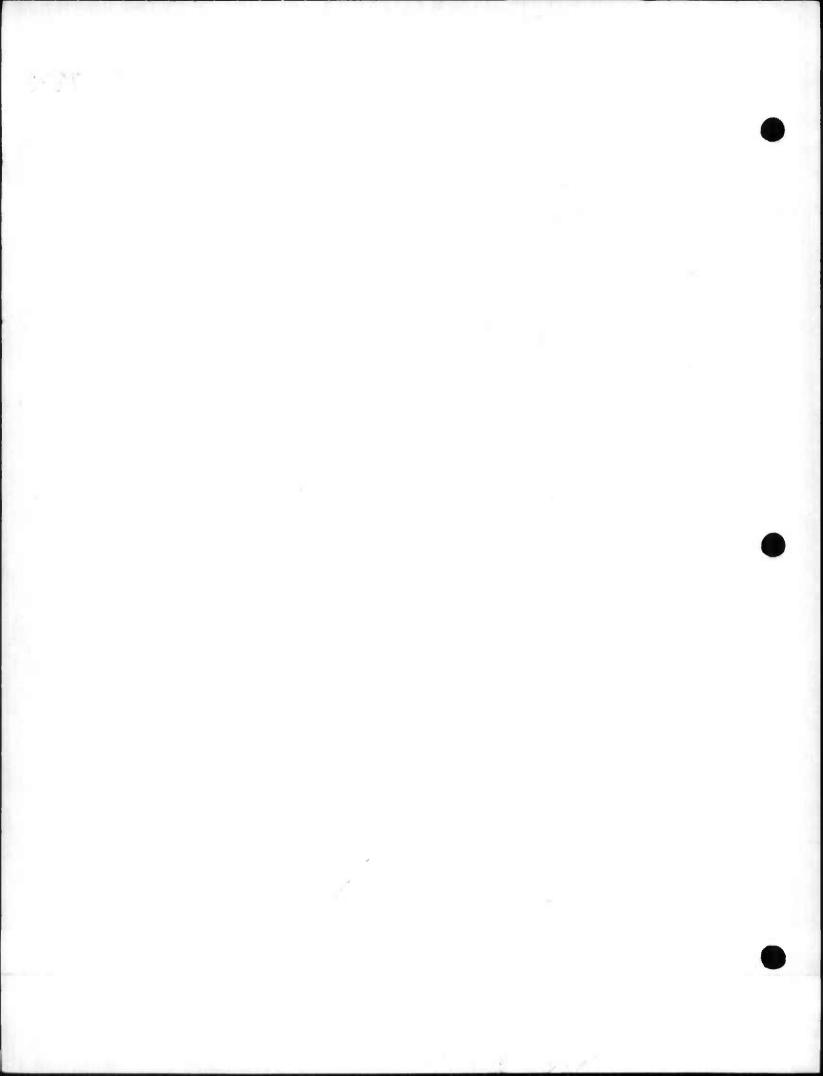
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DIVISION OF VITAL RECORDS,	
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6. AGE (In yrs. last birthday) 1 🗆 M 2 🙀 F YRS. 579-01-5005 Oct. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN DR LOCATION OF DEATH DIRECTOR Brooke Grove Nursing Home RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE burial-transit 1807 Snowdrop Lane 20906 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Ď Elementary/Secondary (0-12) College (1-4 or 5+) detached Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ the funeral director, page 5 should be Not Available BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John H. Moore 1807 Snowdrop Lane, Silver pe 20a, METHOD OF DISPOSITION
1)Suburial 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE must 153 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) Lewisburg Cemetery 12/11/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00846 or removal. or other traumatic event, the medical 23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, een signed by the attending physician and completely filled in by of Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel SEPSIS disease or condition resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): PNEWMONIA MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. HEART FAILURE CONGESTIVE shows THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of I PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursi 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? Is marked, 1 Natural
2 Accident BY 1 YES 2 ND 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED Item 28 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, des 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 33700 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR December 1993 2:05 PM 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Kentucky 9c. COUNTY OF DEATH Montgomery 10d, INSIDE CITY 1 YES 2 NO United States 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Own Home Sarah Hornbrook Peed Spring, Maryland 20906 20c. LOCATION - City or Town, State Lewisburg, Kentucky Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc. Rockville, Maryland 20850-2805 Approximata Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, 12-7-93





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

œ	078-09-1370 1 XM 2 ☐ F 9 9a. FACILITY NAME (If not institution, give street and number)	9b.	Inst birthday) F UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN. C 9b. CITY, TOWN OR LOCATION OF DEA			2. DATE OF DEATH DAY 7. DATE OF BIRTH (Mornh, Dey, Veer) OCTOBER 7, 1900 ATH 9c. COUNTY OF DEATH 2. STIME OF DEATH 4			
DIRECTOR	HEBREW HOME OF GREATER WAS RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	ROCKV	TION		MONT	10d. INSIDE CITY		
	NEW YORK NEW YORK		NEW Y				1 K YES 2 NO		
RA	340 W. 28TH. STREET		10	1000 m. ZIP CODE	1		D STATES		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 V NO	If yes, sp	CENDENT OF HISPAI	NC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	ACE — American Indian, lack, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	(Give kind of work in Do NOT use ret CUTTER	done during me		16b. KIND OF BUS	GARMEN			
BE CO	17. FATHER'S NAME (First, Middle, Lest) GEORGE METZ			18. MOTHER'S NA ANNA	ME (First, Middle, Maiden :	Surname)			
TO B	DAVID METZ (SON)				- BETHESDA,				
	20s. METHOD OF DISUDSTITION X. Duriel 2 Celestion 3 Removal from State 4 Donation 5 Dither (Specify)	CATION City o	Town, State NEW JERSEY						
	21. SIGNATURE OF FUNETHIC SERVICE DICENSOR. Lise		DANZ		LDBERG MEMO		HAPELS, INC. MARYLAND 2085		
CERTIFICATION	23. PART I. Enter the disease, or complications that caused hook, or head fedure. List only one cause on and immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF): CONSEQUENCE OF):			h aa cardlac or respli	ratory arrest,	Approximate Interval Between Onset and Death 3 M O		
MEDICAL	PART II. Other algorificant conditions contributing to death but	t not resulting in th	a undarlyin	g cause given in	Part I. 24e. WAS AN PERFORE 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Ch	eck only one)				
/SIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Output		HER:	ne 5 🗆 Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1. A Retural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Dey. Year)	28b. TIME OF INJURY	W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY – building, etc. (Specify	At home, farm, street	, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE CIE CENTIFIER	on 1	NP	D 5	885	≥ /3-	LEDAMONTH. Pay. Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT STEVEN LIPSON	617	-//	HOUT	ROSE	ROA	D, ROCKHE		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT TEC 0 7 1993 Sulia Davidson-A	andell							

3. TIME OF DEATH

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

08 Sparta, Greece

11: 20A M

REGISTRAR		CERTIF	ICALE	JF	DEA	IH_	REG. NO.			
Evangelia	Mantzur	anis					2. DATE OF DEATH DO DECEMBER 1	ř, 19	YEAR 93	3. T
77~38~3846	5. SEX 1 M 2 F	8. AGE (In yrs. lest birthday) 85 yrs.		AFI	IF UNDER	24 HRS. MIN.	January 1	19 08	a. BIRTH Counts Spa	
FACILITY NAME (If not institution, give street and number) 1443 Lockwood Drive, #203					Spr		EATH	100	nty of o	

4. 5 5 90. DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Silver Spring Montgomery 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 11443 Lockwood Drive 20904 burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Homemaker funeral director, page 5 should be detached

14. RACE — American Indian, Black, White, etc. Specify: White

20c. LOCATION — City or Town, State

Brentwood, Maryland

10g. CITIZEN OF WHAT COUNTRY?

United States

Montgomery

17. FATHER'S NAME (First, Middle, Lest) Constantinos Stratigakis

18. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Chaconas

19a. INFORMANT'S NAME (Type/Print) Eugenia Constantinou 20b. PLACE AND DATE OF DISPOSITION (Name of 12/3/93 DATE

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10710 Huntwood Drive, Silver Spring, MD 20901

Fort Lincoln Cemetery 21. SIGNATURE OF FUNERAL SERVICE LIS 22. NAME AND ADDRESS OF FACILITY

Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring MD

resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

23. PART i. Entar the diseases, or shock, or heart failure.	complications that caused the death. Do not List only one cause on each line.	anter the mode of dying,	such as cardiac or respiratory	arreal,
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Tracheal (Due to (or as a consequence of):		~	
	Ramana	11000V	1'C 111000	70

Onset and Death 2 weeks

Viscase recurrent HOUGKIN'S DUE TO (OR AS A CONSEQUENCE OF):

mouth

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? 1 YES 2 NO

DUE TO (OR AS A CONSEQUENCE OF):

inly one)	
04	- 66 .)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 YES 2 NO

1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending

6 Could not be

2 Accident

4 🗌 Homicide

(Check only one)

3 Suicide

25. WAS CASE REFERRED TO MEDICAL

HOSPITAL: OTHER:
4 \sum \text{Nursing Home} 5 \sum \text{Residence} 6 \sum \text{Other (Specify)} 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 84 1 YES 2 NO

26. PLACE OF DEATH (Check of

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 🚅 *** DIÇAL EXAMINER: On the basis of examination enging investigation, in my opinion, death occursed at the time, date and piece, and due to the cause(s) and manner as stated.

296. SIGNATURE AND THE OF CE

29c. LICENSE NUMBER D.C. 7600 29d, DATE SIGNED (Month, Day, Year) 12/2/92

Dr. Philip Cohen,

30. NAME AND ADDRESS OF PERSON WHO

Wileted Cause of Death (ITEM 27) (Type, Print) Veorge Washington Medical Center, 2150

Wash., DC

the

Page 6 may be retained by

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event,

other traumatic CERTIFICATION

6 Injury,

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MEDICAL

PHYSICIAN:

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completely filled in by the rial, cremation, or removal. medical

and com o burial,

the attending physician Mental Hygiene prior to

signed by the

this certificate h

DIRECTOR: After the hours after death v

TO THE HOSPITAL.
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it

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marked,

.00

28 item

prior to

executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law

BE notified

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\$2 REGISTRAR'S SIGNATURE Wha Daydoon Pandess 31. DATE FILED (Month, Day) DEC 0

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

	t, Middle, Last)	EDITA 1100		OF DEA	1.0	DATE OF DEATH		1.	TIME OF DEAT
Edn	a McGra	EDNA MOO	RE McGR	ATH		HONTH /2	5 9	TEAS "	137
4. SOCIAL SECURITY NUMBER 224-20		6. AGE (In yrs. last	birthday) IF UNDER	YEAR IF UNDE	8494	AN. 20,		BIRTHPLA Country)	CE (State or For
Se. FACILITY NAME (# not is	nstitution, give atreet and number)		96. CITY,	TOWN OR LOCAT		,		Y OF DEAT	
HOLY CROS	SS HOSPTIAL		SI	LVER SP	RING		MONT	CGOME	RY
HOLY CROS	10b. COUNTY		10c. CITY, TOWN O	LOCATION				100	I. INSIDE CITY
MARYLAND	MONTGOMERY		SILVER	SPRING				1[LIMITS?
10e. STREET AND NUMBER				10f. ZIP COI	DE		10g. CITIZE	N OF WHAT	COUNTRY?
7	TRS MILL ROAD		ACTOR.		20902		US		
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive	Married FORCES?	ENT EVER IN U.S. ARM 1 YES 2 YN WAR OR DATES	D If	AS DECENDENT yes, specify Cub YES 2- NO	en, Maxican, Pu	RIGIN? (Specify Ye lerto Rican, etc.)	na or No— 1	Specify:	American India hita, atc. WHITE
W 10	CEDENT'S EDUCATION ly highest grade completed)	(Gh	EDENT'S USUAL OC	CUPATION wing most of work	ina	16b. KIND OF BU	JSINESS/INDUS		WILLIE
Elementary/Secondary (0-12) College (1-4 or 5	5 +) #fe.	Do NOT use retired.)						
12 17. FATHER'S NAME (First, M	fiddle I sell	HOM	IEMAKER	40.400		First, Middle, Meider		_	
AUBREY	MOORE				DTE.				
19a INFORMANT'S NAME (19b.	MAILINO ADDRESS			BOC Number, City or Tox		ode)	
PATRICK	McGRATH	34	TRIPLE	CROWN C	OURT,	BALTIMOR	RE. MD	21	244
20a, METHOD OF DISPOSIT		20b. PLACEA	ND DATE OF DISPOSI			-	OCATION - CH	ly or Town,	State
4 Donation 5 Other	r (Specify)	METRO	POLITAN	CREMATO	RY 1	2/6 ALE	EXANDRI	IA, V.	A
disease or condition resulting in death)				11 -11 -	· K MAI	m - 45. 646	4.4. 40	4 "	Onset and
	DUE TO	O (OR AS A CONSEO	UENCE OF):	a of u	1 K HOW	a sriu	ary orn	ĝ'n	6 elk
Sequentially list condit	Rions, Due To	O (OR AS A CONSEC	DENCE OF J:	a of u	1 K How	n srian	ary or	ĝiń	6 elk
Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS	b. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	O (OH AS A CONSEO	UENCE OF):	a of v	n K Mow	a siin	ary or	ĝņ	G eld
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuited that initiated events resulting in death) LAS	b. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	O (OR AS A CONSEO	UENCE OF): UENCE OF):	0		I. 24a, WAS AI	N AUTOPSY RMED?	24b. WE AMM	G CLR
PART II. Other algorification	b. DUE TO DUE TO d.	O (OR AS A CONSEO	UENCE OF): UENCE OF):	0		1. 24a, WAS AI	N AUTOPSY RMED?	24b. WE AMP COO	RE AUTOPSY FI
PART II. Other algorification	tions, didate ING c. DUE TO MEDICAL	O (OR AS A CONSEO	UENCE OF): UENCE OF):	0	given in Part	I. 24a, WAS AI PERFO	N AUTOPSY RMED?	24b. WE AMP COO	RE AUTOPSY FI
PART II. Other algorification 25. WAS CASE REFERRED T EXAMINER? 1 YES 2/V NO	ant conditions contributing to	O (OR AS A CONSEO	UENCE OF): UENCE OF): aulting in the unc	lerlying cause	given in Part	i. 24a, WAS AI PERFO 1 □ YES	N AUTOPSY RMED?	24b. WE AMP COO	RE AUTOPSY FI ILLABLE PRIOR MPLETION OF C DEATH?
PART II. Other algnifications and the second	Blons, ediate ING c. DUE TO MEDICAL HOSPITAL: 11 Inpatient 2 28s. DATE 0 (Month.)	O (OR AS A CONSEO) O (OR AS A CONSEO) O (OR AS A CONSEO) O death but not re	UENCE OF): UENCE OF): uenting in the und	lerlying cause	given in Part DEATH (Check o	i. 24a, WAS AI PERFO 1 □ YES	N AUTOPSY PRMED? 2 NO	24b. WE AMM COOP of 1	RE AUTOPSY FI
PART II. Other algnifications and the second	tions, didate ING DUE TO MEDICAL HOSPITAL: 11 Inpatient 2 Pending Investigation	O (OR AS A CONSEON O (OR AS A CO	UENCE OF): UENCE OF): Paulting in the und DOA OTHER DOA 4 Number NJURY M	26. PLACE OF: ng Home 5 F 28c. INJURY AT WORK? 1 YES 2	given in Part	1. 24a, WAS AI PERFO 1	N AUTOPSY RMEO? 2 NO 1NJURY OCCU	24b. WE AMM COOP 1	RE AUTOPSY FINABLE PRIOR OF CO DEATH?
PART II. Other alignifications are selected to the selected to	Blons, ediate ING c. DUE TO MEDICAL HOSPITAL: 11 Inpetient 2 Pending Investigation 28e. PLACE	O (OR AS A CONSEO) O (OR AS A CONSEO) O death but not re	UENCE OF): UENCE OF): Paulting in the und DOA OTHER DOA 4 Number NJURY M	26. PLACE OF: ng Home 5 F 28c. INJURY AT WORK? 1 YES 2	given in Part	i. 24a, WAS AI PERFO 1 TYES	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WE AMM COOP 1	RE AUTOPSY FINABLE PRIOR OF CO DEATH?
PART II. Other algnification of the control of the	tions, didate ING DUE TO MEDICAL HOSPITAL: 11 Inpatient 2 Pending Investigation Could not be DUE TO DUE T	O (OR AS A CONSECTO (OR AS A C	UENCE OF): UENCE OF): DENCE	26. PLACE OF: ng Home 5 F 28c. INJURY AT WORK? 1 YES 2	given in Part	I. 24a, WAS AI PERFO 1 PERFO 1 Separation (Specify) Describe How Location (Street City or Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WE AMM COOP 1 [YES 2 P
PART II. Other algnification of the control of the	Actions, ediate ING C. DUE TO MEDICAL Pending Investigation Could not be determined DUE TO DUE T	O (OR AS A CONSEON O (OR AS A CO	UENCE OF): UENCE OF): Builting in the unce DOA OTHER DOA 4 Nurs DOA 4 Nurs DOA 4 Nurs The OF INJURY M The farm, street, factor th occurred at the tire	26. PLACE OF- ing Home 5 F PRACE INJURY 7 1 YES 2 ry, office	given in Part	I. 24a, WAS AI PERFO 1	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or	24b. WE AMM COOP 1 [RE AUTOPSY FINABLE PRIOR MPLETION OF (DEATH? YES 2
PART II. Other alignification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2/N NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	DUE TO MEDICAL Pending Investigation Could not be determined DUE TO MEDICAL Pending Investigation Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined	O (OR AS A CONSEON O (OR AS A CO	UENCE OF): UENCE OF): Builting in the unce DOA OTHER DOA 4 Nurs DOA 4 Nurs DOA 4 Nurs The OF INJURY M The farm, street, factor th occurred at the tire	28. PLACE OF- ing Home 5 F Pac. INJURY AT WORK? 1 YES 2 ry, office	given in Part	1. 24a. WAS AI PERFO 1 YES Other (Specily) 1. DESCRIBE HOW LOCATION (Street City or Town, State to cause(a) and may deta and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or)	24b. WE AMM COOP 1 [] PRED RED RED RED RED RED RED RED RED RED	RE AUTOPSY FINABLE PRIOR MPLETION OF (DEATH? YES 2

A. SILVER, AND 2101 MEDICAL PAAK OR, SILVERSARNO, MD 20902

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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OF VITAL RECORDS, P.O. BOX 68760	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

37247 93

1 -	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 37247
1. D	ECEDENT'S NAME (First, Middle, Last) ANNA	W. McKAY			2. DATE OF DEATH DAY DEC . 3.	YEAR 1993 12:17 PM
	OCIAL SECURITY NUMBER 579-30-1187 FACILITY NAME (If not institution, give s	1□M2∏F 9]	YRS. MONT	DER I YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Weer) JULY 12,19	a. BIRTHPLACE (State or Foreign Country) VIRGINIA c. COUNTY OF DEATH
5	HOLY CROSS HOSI			SILVER SPRI		MONTGOMERY
10a.	STATE 10b. COUNT	NCE GEORGES	10c. CITY, TOV	N OR LOCATION LANDOVER		t0d. INSIDE CITY LIMITS? 1 ∑ YES 2 ☐ NO
10e.	STREET AND NUMBER 7109 KENTTOW	N DB		101. ZIP CODE		Dg. CITIZEN OF WHAT COUNTRY?
	MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 N NO Specify	NIC ORIGIN? (Specify Yee or I	U. S. A. No. 14. RACE — American Indian, Black, White, etc. Specify: WHITE
	16. DECEDENT'S EDU (Specify only highest grade	completed)	Give kind of work de	one during most of working	18b. KIND OF BUSINE	SS/INDUSTRY
1	Elementary/Secondary (0-12)	College (1-4 or 8 +)	HOMEMA		AT	HOME
	FATHER'S NAME (First, Middle, Lest) THOMAS	SNYDER		18. MOTHER'S N	AME (First, Middle, Melden Sum MARTHA	SCOTT
190.	INFORMANT'S NAME (Type/Print) JUNE C. TAY	LOR	19b. MAILING ADDR	AS ITEM #:	Route Number, City or Town, St	
1 🗆	METHOD OF DISPOSITION Burlel 2 X Cremation 3 - Rem	20b. P	PLACE AND DATE OF DIS BOY, Grematory or other clie HAMBERS CR	POSITION (Name of	OATE 20c. LOCATI	ION — City or Town, State
	Donation 5 Other (Specify)		HAMBERS CF	22. NAME AND ADDRESS OF F		ERDALE, MD.
23.	PART i. Enter the diseases, or o	andulus				RDALE, MD. 20737
dis	shock, or heart feliure. MEDIATE CAUSE (Final ease or condition uiting in death)	a. ACCO OR AS A C		ey APPEST		interval Between Onset and Death MINUTE
if s cau CAI the	quantially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events uiting in death) LAST	DUE TO (OR AS A C				
PAI	DEMENT, A ANEMIA	e contributing to death but	t not resulting in the	underlying cause given in	1 Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	D? AMAILABLE PRIOR TO
	GI BLEE					
	EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (0 1ER: Nursing Home 5 - Residence		
	MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUI	RY OCCURED
3	Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Specify	At home, farm, street,	factory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,
		CIAN: To the best of my knowled R: On the basis of examination				as stated.
296.	NAME AND ADDRESS OF PERSON WA	100 Th	n	D360	146 P	12/8/93
X	JOHN TO ME	RENDING TR	M D (Type, Print)	COCKVILLE,	MD 2085	2
31, 0	DEC 0 9 1993	62 REGISTRAP'S SIGNAL	jandell .			

9:08

aM

REG. NO

2 24

1993

2. DATE OF DEATH

MONTH

Helen M. Miller

5. SEX

med by the hospital or attending physician,

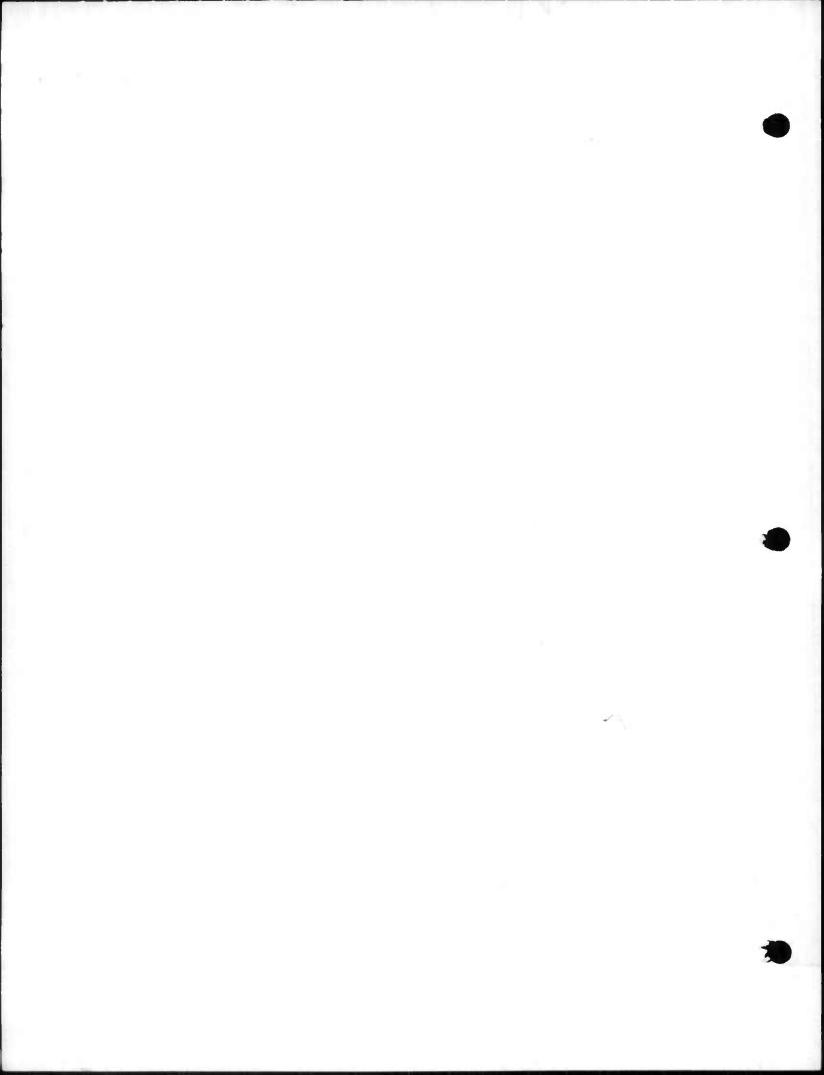
ARYLAND 21215-0020

BALTIMOBE, N after death. Pley demoved in n by the funeral removal. urs after death. in by filled I completely fifted trial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and com o burial, attending physician a ntal Hygiene prior to the atten this with After ti

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 27 F 214-01-6291 95 YRS. AUG. 22, 1898 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY BALTIMORE XX YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1808- KINSHIP ROAD NOT AVAILABLE U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify Specify: WHITE 3€XWidowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) CHARLES LEE LATHAM 76 SOPHIA HUBNER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REV.DR. REICHARD 9701- VEIRS DRIVE, ROCKVILLE, MD. 20850 Pe 20e. METHOD OF DISPOSITION
MXBurlel 2 Gremation 3 Rem
4 Denation 5 Gother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must BALTIMORE CEMETERY 11/29 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC. 1300- N STREET Approximate Interval Between medical 23. PART I. Enter the diseases, or co ations that caused the death. Do not enter shock, or heart failure, Li 6 IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event. UE TO JOR AS A CON traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and N The 23 shows any Inj AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2XX0 1 T YES 2 T NO PHYSICIAN: the State Do 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL OTHER: 1 T YES 2 X HO Inpatient 2 - ER/Outpatient 3 - DOA e S 🗆 Nesidence 6 🗆 Other (Specify) 4 X Nursi 27. MANNER OF DEATH (Month, Day, War) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending Investige 1 |X Natural BY 1 YES 2 NO 2 Accident TO THE HOSPITAL UN AUTOLINE.
TO THE FUNERAL DIRECTOR: After defined within 72 hours after de IMPORTANT: If Item 28 is 28e, PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Flurel Fours Number City or Sawn, State) 99 8 Could not be COMPLETED 4 | Homicide 29e. CERTIFIER

(Chark only

1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examinati estigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNEP (Month, Day, Year) BE LICENSE NUMBER 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR.CHARLES KARESH- 1 N.MAIN STREET, MT. AIRY, MD. 2. REGISKRAR'S SIGNATURE
FILME DAY OLON-HANDELL DEC 0 6 1993



Pages 1, 2, 3 should

permit.

Item

DEC 0 6 1993

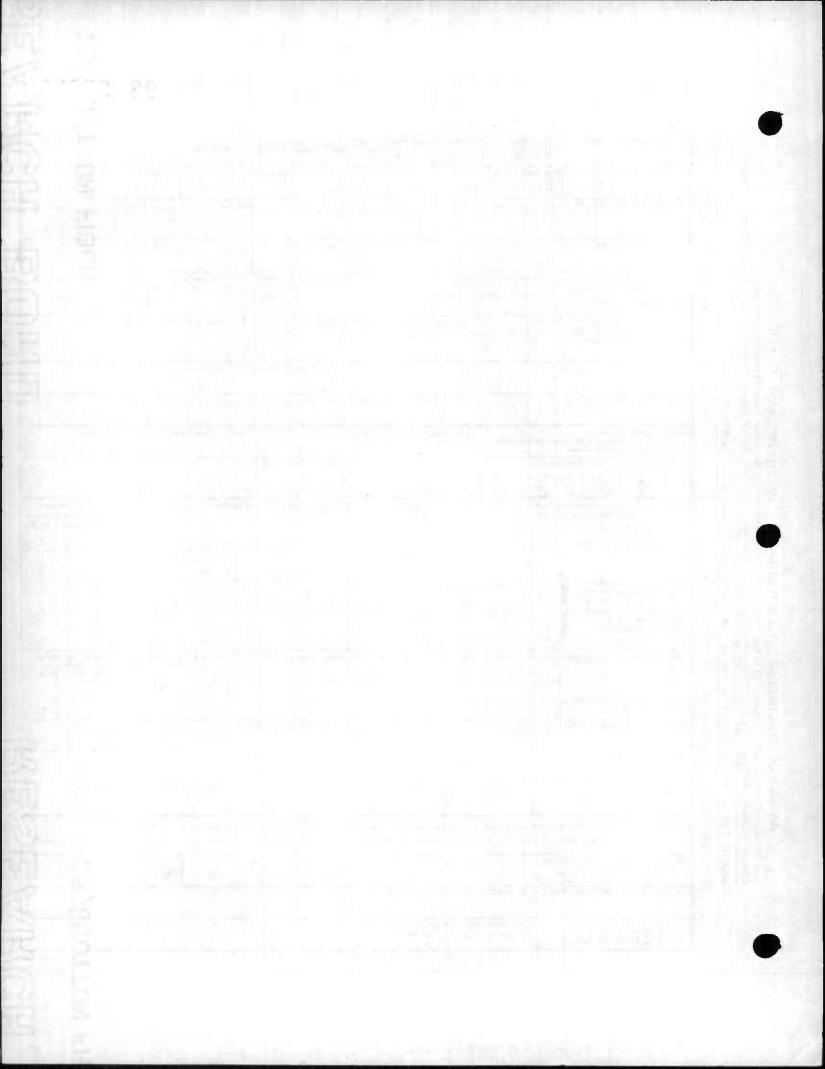
102 REGISTRAR'S SIGNATURE which Day door - Mandell

FUNERAL I within 72 h

use as the burial-transit ě hould be detached 76 ours after death. age of medicai in and completely filled in by to burial, cremation, or remo the event, traumatic attending physician ntal Hygiene prior to other 6 signed by the atten Health and Mental I Injury, any shows been x. of 3 has be Dept. 23 certificate h the State d, or item L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State marked, 89 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 330A Mitchell Frances 93 30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea 5. SEX 8. BIRTHPLACE (State or Foreign Country) ... IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 1 M 2 F 216-46-7785 APRIL 29,1910 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL MONTGOMERY SILVER SPRING 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MARYLAND MONTGOMERY SILVER SPRING 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13002 HATHAWAY DRIVE 20906 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 5+ TEACHER **EDUCATION** 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANCIS ROGERS BE CLARA BOWERS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN F. MITCHELL 13002 HATHAWAY DRIVE SILVER SPRING, MARYLAND 20906 20a METHOD OF DISPOSITION
12 Buriel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State FORT LINCOLN CEMETERY 12/3 BRENTWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. msel 500 UNIVERSITY BLVD., W. SIL.SPR., MD 20901 23. PART I. Enter the diseases, or complications that ceused the deal. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Betwe shock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in dasth) 2010 dido DUE TO (OR AS A CONSEDUENCE OF) es CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate CAUSE, Enter UNDERLYING MANUC CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST elymator PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 🖺 Nursing Home 5 🖺 Rasidenca 8 🗒 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a CERTIFIER CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 2/ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. AIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 2043 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



3. TIME OF DEATH

Approximats Interval Batween **Onset and Death**

1:30

Olga

Diamond

Nakopoulos

YEAR 9-3

REG. NO.

5

2. DATE OF DEATH

		4. SOCIAL SECURITY NUMBER 016-05-2240		5. SEX 1 M 2 K F	6. AGE (In y	rs. lest birthday, YRS.	IF UND	DER 1 YEAR B DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day Year) OV . 11, 1	918	Country)	ACE (State or Foreign achusetts
0	TOR	90. FACILITY NAME (If not ins Washington RESIDENCE OF DECI	County		ital		9b, Cl		OR LOCATION	N OF DEAT		9c. COU	shing	гн
(4)	DIRECTOR	10a. STATE Maryland	Washir	ngton				Stow					- 1	od. INSIDE CITY LIMITS? YES 2 NO
n. ansit permi	FUNERAL		Avenue					10	or. ZIP CODE	1742			ZEN OF WHA	AT COUNTRY?
5-0020 Iding physicia s the burlal-tr	B≺	11. MARITAL STATUS 1 Never Married 2 R S Widowed 4 Divorce	larried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO I	13	If yes, s	pecify Cuban	F HISPANIC , Maxican, Specify:	ORIGIN? (Specify Yo Puerto Rican, atc.)	es or No—	Black, V	American Indian, thite, stc. White
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit examiner must be notified at once.	PLETED	15. DECE (Specify only Elementery/Secondary (0-1	DENT'S EDUCA' highest grade co	TION ompleted) College (1-4 or 5		e. DECEDENT' (Give kind of life. Do NOT	work don	e during m (.)	ION ost of working	7	16b. KIND OF BI		USTRY	
RYLAN d by the hos id be detach d at once.	BE COMPL	17. FATHER'S NAME (First, Mid Thomas	Di	amond					18. МОТН ZOE		(First, Middle, Melde Maragot			
E, MARYL be retained by one 5 should be notified at	70	Elaine J.	Flore	es		19b. MAILIN 1106	g adore Fry	ss (Street Aver			ne Number, City or To			1742
MORE, age 6 may be director, page		20a. METHOD OF DISPOSITIO 1 XBurlel 2 Cremetion 4 Donation 5 Other (3) 21. SIGNATURE OF FUNERAL	3 🗆 Removi		20b. PL	SE HIT	Ter Phase	Mete	ry		12/7 Hag		WIN, M	aryland
BALTIMORE, nours after death. Page 6 may be din by the funeral director, page or femoval. medical examiner must be		Lerold 0	7.8	Dunn	ch		F	uner	d N.	me	Hag	ersto	wn. M	c Street aryland
hin 24 hours afterly filled in by mation, or remot, the medica		23. PART I. Enter the dis- shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ert fallure. Lis	st only one ceu	se on asch	line.					ss cardisc or resp	olratory sm	est,	Approximats Interval Batweer Onset and Deati
C 6871 executed and composite to burial, mattic en	ATION	Sequentially list condition if any, isading to immedicause. Enter UNDERLYIN	eta G			NSEQUENCE (OF): OF):	Ren	r F	an'hu	u			
P.O. Ith certification in Hygien or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in dasth) LAST	d.	DUE TO	(OR AS A CO	NSEQUENCE (DF):							
RECORDS requires that the seen signed by the of Health and M shows any inju	MEDICAL	PART II. Other algnifican	conditions of		death but r	Lang	In the C		g cause gl		PERFO	RMED?	AM CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
VITAL F SIAN: The law rtificate has be ne State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	1	fOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHE	ER:	LACE OF DE		only one) Other (Specify)			
ON OF VIIING PHYSICIAN: Wher this certifical eath with the St marked, or It	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pr 2 Accident In	ending restigation	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TH	-	28c. IN.	URY AT ORK? YES 2	2	8d. DESCRIBE HOW	INJURY OCC	URED	

TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Nem 28 Is market

VASANT DATTA 31. DATE FILEO (Morith, Day, Year)
DEC 0 6 1993

29b. SIGNATURE AND TITLE OF CERTIFIER

6 Could not be determined

3 Sulcide

4 Homicide

COMPLETED

2

MO 33 W 32. REGISTRAR'S SIGNATURE i Dinsem-Rudall

OM TROET IN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify)

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner ee stated.

29c. LICENSE NUMBER

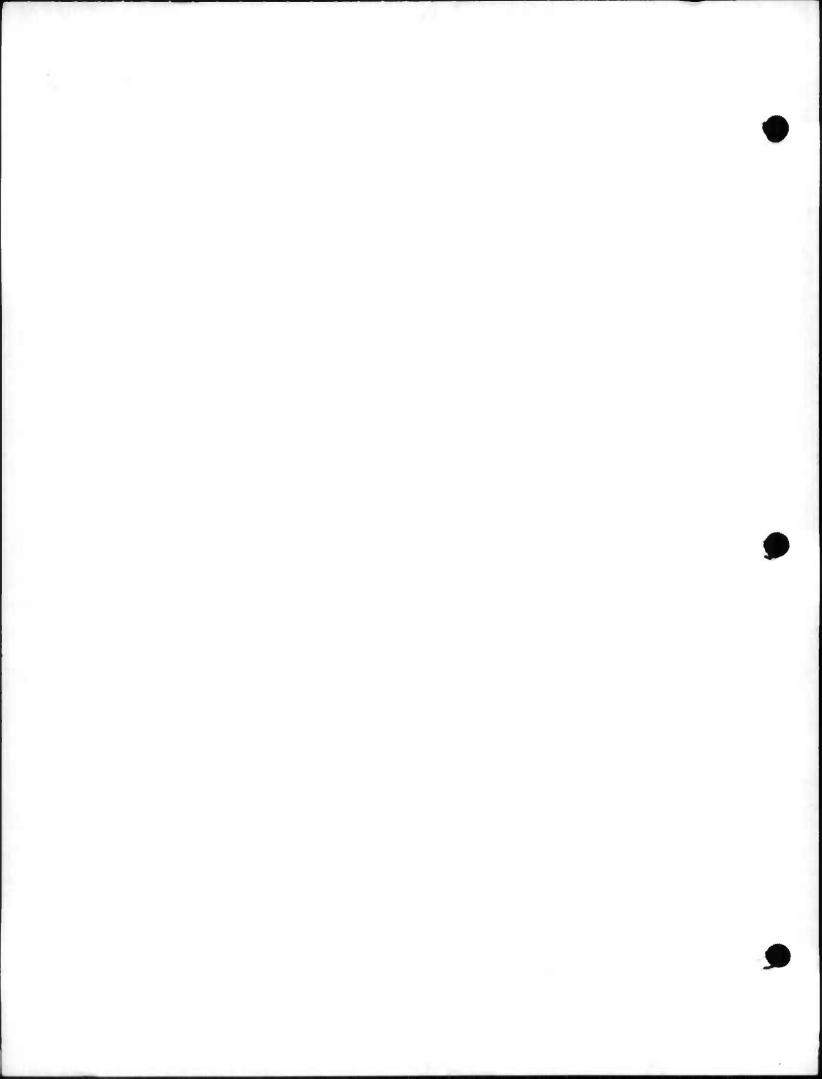
018019

MAG MOZ1740

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

12-6-93



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Washington, D.C.

10d. INSIDE CITY XX YES 2 NO

14. RACE — American Indian, Black, White, etc.

specify: White

5:20 A.

Prince George's

10g, CITIZEN OF WHAT COUNTRY?

United States

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH T2- 3- 1993 Franklin Jules Naylor 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day, Ybar) 8-23-1923 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 70 1 XX 2 - F 577-20-4796 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 9736 51st Avenue College Park RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Prince George's College Park Maryland permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 20740 9736 51st. Avenue use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 XX 1943 - 1945 8 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Air Conditioning and detached for Elementary/Secondary (0-12) College (1-4 or 5 +) 8 years Steam Fitter Refrigeration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melder Sume Fannie DeVondelehr notified at Charles Naylor page 5 should be BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as #10 Alexandria P. Naylor 9 20e. METHOD OF DISPOSITION

1 Burial 2 A Fremation 3 Be
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must director, Metropolitan Crematory 12/6/93 Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY
Donald V. Borgwardt Funeral Home, P.A. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS the funeral 1440 4400 Powder Mill Rd. Beltsville, Md. 20705 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Final other traumatic event, the diseese or condition resulting in death) executed within CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST 6 any Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH?

12/3/93

1 YES 2 NO

Approximate

Onset and Death

25. WAS CASE REFERRED TO MEDICAL 1 TES 2 NO

6 Could not be

27. MANNER OF DEATH

Accident

3 🗌 Suicide

4 Homicide

HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF INJURY

28c. INJURY AT WORK?

1 YES 2 NO

15

374

26. PLACE OF DEATH (Check only one)

28d, DESCRIBE HOW INJURY OCCURED

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
/Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

2 ____ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Faranak F. Sotoudeh, M.D. 7525 Greenway Center Dr. Greenbelt, Maryland 20770

31. DATE FILED (Month, Day, Year) DEC 0 6 1993 32. REGISTRAR'S SIGNATURE chia Davidson Pandall

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item 23 shows

0 the

is marked,

PHYSICIAN:

BY

COMPLETED

BE

9

certificate has been in the State Dept. of

with to

DIRECTOR: After the hours after death we litem 28 is mark

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1. DECEDENT'S NAME (First Hermine		Newbe	erry								DAY] (YEAR 993	12:55 A.
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH onth, Day, Ybar)		8. BIR	THPLACE (State or Foreign
578-26-370	•	1 □ M 3 □ F	90	YRS.					7-	-23-190		Was	shington, D.
Greater Lat			Homi	+-1		rel	OR LOCAT	ION OF D	EATH			INTY OF	
RESIDENCE OF DE	CEDENT		: nospi								Pru	nce	George's
Maggiand	10b. COUNTY		1		TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY LIMITS?
Maryland		ce George	e'S	Lai	urel	101	. ZIP COD	F			I son Cit	TIZEN OF	YES 2 NO
6709 Orem I	Drive						2070						States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT	OF HISPA	NIC GRI	SIN? (Specify Ye			ICE — American Indian, ack, White, etc.
1 Never Married 2 3 3 Widowed 4 Div		FORCES? 1	WAR OR DATES	DINO			ecity Cubi			o Rican, etc.)	T is		ecity:
	CEDENT'S EDU	CATION	18.0	. DECEDENT'S	S LIGHAL O	CCUPATION	ON	- 12	1.	86. KIND OF BU	ISIMEGG/IM	DUSTRY	White
(Specify on Elementary/Secondary (ly higheat grade	completed) College (1-4 or 5		(Give kind of life. Do NOT L	work done use retired.)	during mo	at of world	ing		ou. KIND OF BU	331146337114	DUSTRY	
12 years		2 years		lerk '	Typis	st		-23	2.	U.S	. Gov	vern	ment
17. FATHER'S NAME (First, I	13.8-1						1			t, Middle, Maide		M.	1/4/2000
John S. M.		nermann		404 5544		0.00				Hodges			
Glaciys R. H				same			and Numbe	or Rural	Floute N	imber, City or To	wn, State, Zi	p Code)	
20a, METHOD OF DISPOSIT				CE AND DATE	OF DISPOS	SITION /No			l p	ATE 20c. L	OCATION —	- City or	Town, State
4 Donation 6 Othe	on 3 ⊔ Rem er (Specify)	ovel from State	Fort	Linco	other place)	emet	tery	12	/4/9	3 Bre	ntwoo	od,	Maryland
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE					ND ADDRE						
	1 11	0		A						dt Fin	oral	Hom	D A
23. PART I. Enter the c	A. V.	Bage complications the	var	death. Do	DC 44	nald	e v. Powde	Bor er M	gwar ill	Rd. Be	ltsvi	ille	P.A.
23. PART I. Enter the cabook, or it immediate CAUSE (FI disease or condition resulting in death)	diseases, or chaart fallure.	Baylone the List only one can	it caused the	olra	not enter	nald 100 I	e v. Powde	Bore M	gwar ill	Rd. Be	ltsvi	ille	
shock, or I IMMEDIATE CAUSE (FI disease or condition_	disease, or or neart failure.	a. DUE TO	a S	OTTA	Do 44	nald 100 I	POWde	Bore M	gwar ill	Rd. Be	ltsvi	ille	Approximate interval Between
shock, or it IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	diseases, or of seart failure.	a. DUE TO DUE TO DUE TO	OR AS A COM	NSEQUENCE C	not enter 10 10 10 10 10 10 10 10 10 1	nald 100 I	Powde	Bore M ring, such 4 M	gwar ill ch aa c lon Um	Rd. Be ardiac or reas	Itsvi oliratory ar	ille	Approximate interval Betwoonset and De days 4b. WERE AUTOPSY FINDIN AMRABLE PRIOR TO
shock, or it immediate in the immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other signification is sequentially in death) PART II. Other signification is sequentially in death) 25. WAS CASE REFERRED	diseases, or cheert fellure. tions, ediata //ING ury st ant condition	a. DUE TO DUE TO DUE TO	OR AS A COM	NSEQUENCE C	not enter 10 10 10 10 10 10 10 10 10 1	nderlyIn	POWde of dy One	Border M ring, suc	gwar ill ch ee c lon lon	P. Be ardiac or reap	Itsvi oliratory ar	ille	4b. WERE AUTOPSY FINDS AMARABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
shock, pr. III. IMMEDIATE CAUSE (Fidesee or condition resulting in death) Sequentially list condition and the sequential sequentia	diseases, or cheert fellure. tions, ediata //ING ury st ant condition	a. DUE TO DUE TO DUE TO	(OR AS A COP	Ine. OICA NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO NSEQUENCE CO	DOP: OP:	nderlylin	POWDE V. POWDE OF COMPANY OF COMP	Border Ming, such Ming	gwar ill ch as c	P. P. P. P. P. P. P. P. P. P. P. P. P. P	Itsvi oliratory ar	ille	4b. WERE AUTOPSY FINDS AMARABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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shock, pr is shock	diseases, or cheart failure. tions, adiata ring ant condition TO MEDICAL	DUE TO DUE TO	(OR AS A COM	NSEQUENCE CONSEQUENCE FFI: OTHER OTHER JURY M	nderlyling Horrison Horrison	Q Cause LACE OF CAUSE LACE OF CAUS	Border Ming, sud	Part I.	P. Be ardiac or reage and a control of the control	N AUTOPSY RMED? 2 NO INJURY OC and Number	ille	4b. WERE AUTOPSY FINDINAMARABLE PRIOR TO COMPLETION OF CAUS	
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Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Suicide 6 4 Homielde 29a. CERTIFIER (Check only) 1 CERTIFIER (Check only)	Steepees, or cheart failure. Itions, adiata Itions	DUE TO DUE TO	(OR AS A COM (O	Ine. O C NSEQUENCE C SEQUENCE C INSEQUENCE C INSEQUENCE C INSEQUENCE C INSEQUENCE C INSEQUENCE C	OFF): OF	nderlyling Hory, officers,	Q Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof Cause Caccof	Border Ming, sud	Part I.	P. Be ardiac or reage and a second of the se	N AUTOPSY RMED? 2 NO INJURY OC.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Approximate interval Betw Onset and De Adus Approximate interval Betw Onset and De Adus Approximate interval Betw Onset and De Adus Approximate interval Betw Onset and De Adus Approximate interval Between Interval Approximate interval Between I

Contraction of the Contract of

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1	-	STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

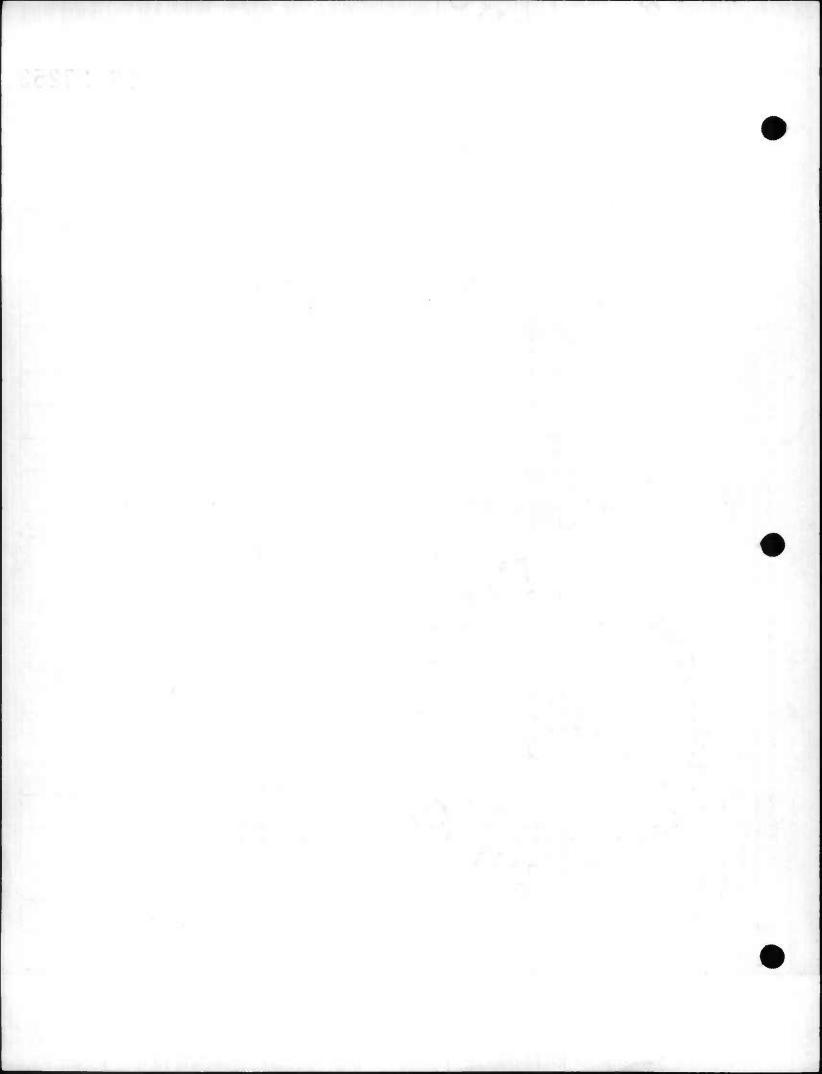
	REGISTRAR		CERTIF	CATE OF D	DEATH	REG. I	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Mohammad EBRAH		NAWAL	3		2. DATE OF DEATH MONTH	DAY 1	73 3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 570-96-0846	1 🔀 M 2 🗆 F	E (In yrs. lest birthday) 2 YRS.		MAN SERVICE	7. DATE OF BIRTH (Month, Day, Year Feb. 16, 1)	BIRTHPLAC Country) Iraq	E (State or Foreign
OR	Suburban Hospita			Bethesd		NTH .		y of DEATH	у
DIRECTOR	10a. STATE 10b. COUNT		7.5	, TOWN OR LOCATIO	N			150	INSIDE CITY LIMITS?
	Maryland Mo	ontgomery	K	ockville	IP CODE				YES 2 NO
FUNERAL	10216 Rockville			101. 2	20852		In Ir	n of what	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	S 2 NO	If yes, speci		C ORIGIN? (Specify , Puerto Rican, etc.)		Black, Whi	merican Indian, te, etc. TRANIAN HITE
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATION	of undelse	16b. KIND OF	BUSINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	bank ma	rork done during most or retired.)	or working	ь	anking		
ON	17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NAM	E (First, Middle, Mei	den Surname)		
	Gholom Nawab				unava				
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Number or Rural Re	oute Number, City or	Town, State. Zin C	ode)	
2	Esfand Nawab			Staplefo					354
	20a. METNOD OF DISPOSITION		20b.PLACE AND DATE O				LOCATION - CH		
	1 XBurial 2 Cremation 3 Ret 4 Denation 5 Other (Specify)	moval from State	emetery, cremetory or of National	her place)	Dowle 19	6_02 E	alle Ch	y or rown, S	Vo
- 3	21. SIGNATURE OF FUNERAL SERVICE L		National		ADDRESS OF FACE		alls Ch	urcn,	va.
	· John F	Dollal		DeVo1	Funeral		.W. Was	hD.(C20007
NOI	disease or condition resulting in death) Sequentially list conditions,	a. OUE TO (OR A	S A CONSEQUENCE OF	nen oscle	ROSI	is	-		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a A	OVANO S A CONSEQUENCE OF	ED)	465				
	PART II. Other algnificant condition	una contributing to deat	but not resulting i	n the underlying	anna abasa la B	had I ar uma	AN 41/2000		
: MEDICAL	Aspixors	- h	n chil	nythe Underlying o	cause given in P	PER	FORMED?	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL			00.04.46	OF OF OFFICE	(12.12.2.1			
	EXAMINER?	HOSPITAL:	Street, and a street, and	OTHER:	CE OF OEATH (Chec	Distance of the same			
PHYS	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJUS (Month, Day, Yea	TY 26b. TIMI	URY WORK	TA Y	Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU	IRY — At home, ferm, a pecify)			281. LOCATION (Str. City or Town, St		Rural Route I	Vumber,
COMPLET	11	SICIAN: To the best of my kr							manner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE HADI BA	HAR M	of	Knho	99. LICENSE NUMI	BER	29d. DATE S	SIGNED (Mon	14, Day, Year) 93
	30. NAME AND AGORESS OF PERSON W HADI BAHIA 31. DATE FILED (Morith, Day, Year)	HO COMPLETED CAUSE OF	11500 0	ald G	ergeta	MK	J. Ro	ck.	'MO
	DEC 0 9 1993	32. REGISTRAR'S SI	Mandell.						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



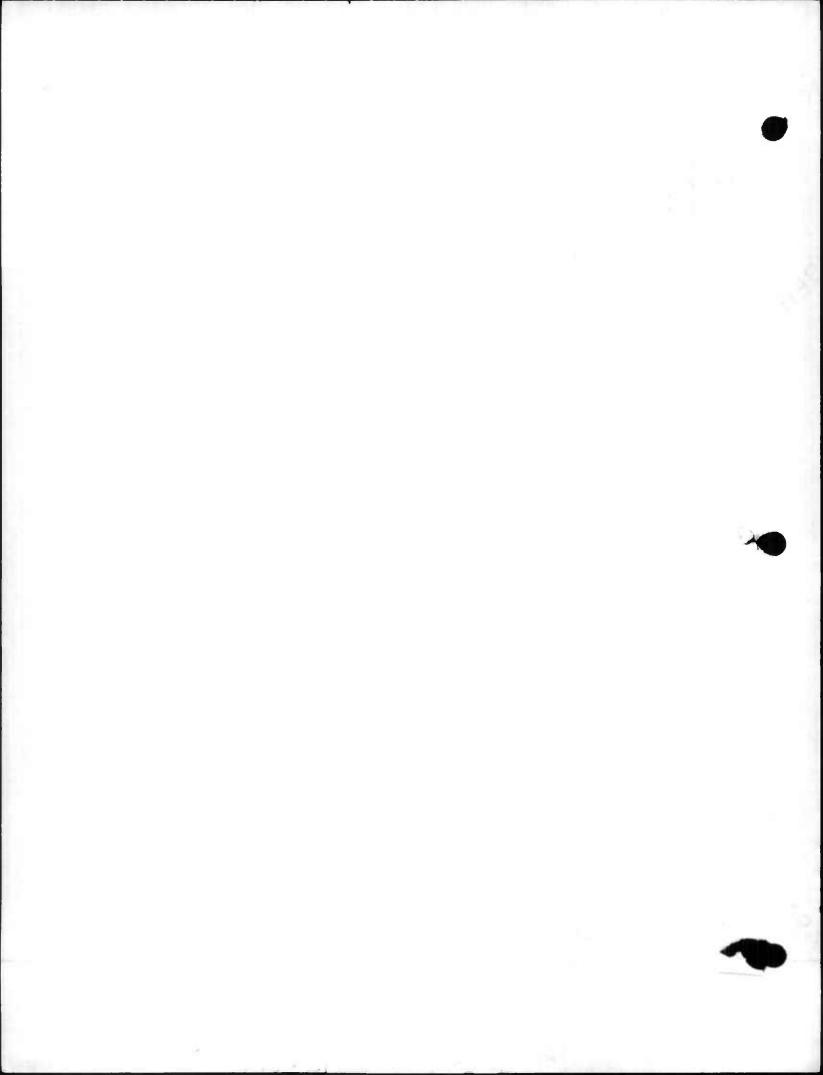
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37254

		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OINIE OI III			F DEATH	2. DATE OF	REG. NO.	3. TIME OF DEATH
		Margaret	К.		O'Hare		Decen	ber 4, 199	93 4:15P M
_		4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthde	y) IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF	BIRTH	B. BIRTHPLACE (State or Foreign
-	1	109-03-5403	1 □ M 2 🔀 F	83 YRS	MONTHS DAY	'S HOURS MIN.	Apr.		Country) Iassachusetts
1 -11	1	9e. FACILITY NAME (If not institution, give	street and number)	INC.	9b. CITY, TOW	VN OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH
(1	RECTOR	Rockville Nursi	ng Home		R	Rockville		Mon	tgomery
10 1	DIREC	Maryland Monto	gomery		otomac	CATION			10d. INSIDE CITY LIMITS? 1 YES XXX NO
permit		10e. STREET AND NUMBER	Jonery	1 10	·I	10f. ZIP CODE		100 CITIZI	EN OF WHAT COUNTRY?
is	FUNERAL	12813 Glen Mill 1				20854		Carried Committee	ed States
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Merried \$\times X \times \text{Widowed} 4 \text{Divorced}	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 X NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 X NO Speci	an, Puerto Ric	Specify Yee or No— 1 in, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
r attend	8	15. DECEDENT'S EDU	ICATION		S USUAL OCCUP		16b. K	ND OF BUSINESS/INDU	
	Li.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO:	of work done during Tuse retired.)	nost of working			
Depte	실		4	Owner	Operato	r	Dr	y Cleaning	J
RYLAND 21 ed by the hospital or uld be detached for the	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mid	dle, Meiden Surneme)	
Z 22 2	6 111	Henry F. Knight				Mable	Fales		
MARYLAND retained by the hospit 5 should be detached	TO B	19e. INFORMANT'S NAME (Type/Print)		19b, MAILI	NG ADDRESS (Stre	eet and Number or Flural	Route Number,	City or Town, State, Zip C	Code)
		Patrick K. O'Har	9	1281	3 Glen	Mill Road	, Poto	mac, Maryl	land 20854
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.	2	20a. METHOD OF DISPOSITION 1 Buriel & Cremation 3 Ren	noval from State	20b. PLACE AND DA	TE OF DISPOSITION	(Name of 12/6/	93 OATE	20c. LOCATION C	ity or Town, State
MO ge 6		4 Donation 8 Other (Specify)		Montgome		atorium,			Maryland
death. Page thread directly		21. SIGNATURE OF FUNERAL SERVICE LI	CENSIE						mphrey Funeral st Montgomery
BAL rours after deat d in by the fun or removal.		1 Naville	Lany	. моов		•			20850-2805
68760, poecuted within and completely fille burial, cremation, barrier mans the same	ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. CVA DUE TO (O	ive Heart R AS A CONSEDUENCE R AS A CONSEQUENCE	OF):				Onset and Death
death certificate be of attending physician ental hygiene prior to	ERTIF	that initiated events resulting in death) LAST	d	R AS A CONSEQUENCE	OF):				
RECORDS v requires that the d been signed by the t, of Health and Me	MEDICAL	PART II. Other algnificant condition	na contributing to de	eath but not reaultir	g in the underl	ying cause given ir		Ne. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL has		25. WAS CASE REFERRED TO MEDICAL				. PLACE OF DEATH (C	heck only one)		
F VITAL SICIAN: The lan certificate has the State Dep		EXAMINER? 1 YES 2 XND	HOSPITAL:	Proutpatient 3 DO/	OTHER:	Home 5 - Residence	8 Other (S	Specify)	
II 2 5 5	?] 주 [27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY 26b.	7	INJURY AT WORK?	1	HE HOW INJURY OCCU	JRED
ON OF ON OF ONE OF THIS CHART THI	ВУР	1 Natural 5 Pending 2 Accident Investigation	(monni, boy,	, out		YES 2 ND			
ISIC TTEND TTOR: 4 after d	8 0	3 Suicide & Could not be determined	28e. PLACE OF I building, et	INJURY — At home, fare c. (Specify)	n, atreet, factory, o	office		DN (Street end Number of Town, Stete)	r Rurel Route Number,
DIV TAL DR A AL DIREC 72 hours		290. CERTIFIER (Check only one)							
HOSPITAL FUNERAL WITHIN 72				mination end/or inveatig	ition, in my opinio	n, death occured at the	e time, date er	d place, and due to the	cause(s) end menner ee stated.
TO THE HOSPITAL. TO THE FUNERAL. De filed within 72 is	E H	296. SIGNATURE AND TITLE OF CERTIFIE	AAA	1/0	MA	29c. LICENSE NU	MBER 7 (0)	29d. DATE	SIGNEO (Month, Day, Year)
2 2 3	0	transle	VVW	Mal	1	1 JH	82		2/5/93
	1	30. NAME AND ADDRESS OF PERSON W				Daniel 33			7
*		Frauke Westphal,		Veirs Mi		KOCKVIII	e, Mar	yland 208	221
		DEC 0 7 1993	Flina Davis	SIGNATURE COLOR					

DHMH-16 Rev 1/89

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REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH GERALD O'BRIEN Dec.5,1993 7:10 P. M 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign April 6,1931 62 578-40-6757 1 X M 2 - F HOURS YRS. Washington, DC 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARRIAGE HILL BETHESDA BETHESDA MONGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Bethesda 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5215 Cedar Lane use as the burial-transit 20814 U.S.A. urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 14. RACE — American Indian, Slack, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1951-1955 1 TYES 2 THO Specify BY Specify: 3 Widowed 4 Divorced white ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high U.S. House of detached for dary (0-12) College (1-4 or 5+) COMPL 12 Representatives support facilities 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas A. O'Brien by the funeral director, page 5 should be removal. ¥ Ellen C. Magruder notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Michael J. O'Brien 6309 Eppard St.,Falls Church, Va. 22044-1707 å 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must Quantico National Cem. 12-9-93 Triangle, Va. examiner 21. SKINATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 2222 Wisconsin AVe., N.W., Wash., DC 20007 medical 23. PASSY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the the attending physician and completely PM Mental Hygiene prior to burial, cremation, disease or condition resulting in death) 2)-Chion executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (QR AS A traumatic CERTIFICATION tustalu 6 MW. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate OR ATTENDING PHYSICIAN; The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and N. 23 shows any Inj. MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 HO 1 | YES 2 | NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF OEATH (Check only one) r this certificate high with the State C HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 WIND ne 5 🗆 Residence 6 🗆 Other (Specify) 4 1 Nt 6 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 6 Could not be COMPLETED 28 4 Homicide tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL OF THE 2 MEDICAL EX MINER: On the basis of examination and/or investigation, in my opinion, death occured at the lima, data and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AND TITLE OF CER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 DO247 9 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Noone, 50 W. Edmonston Dr., Rockville, Md. 20852 33 REGISTRARIS SIGNATURE



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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

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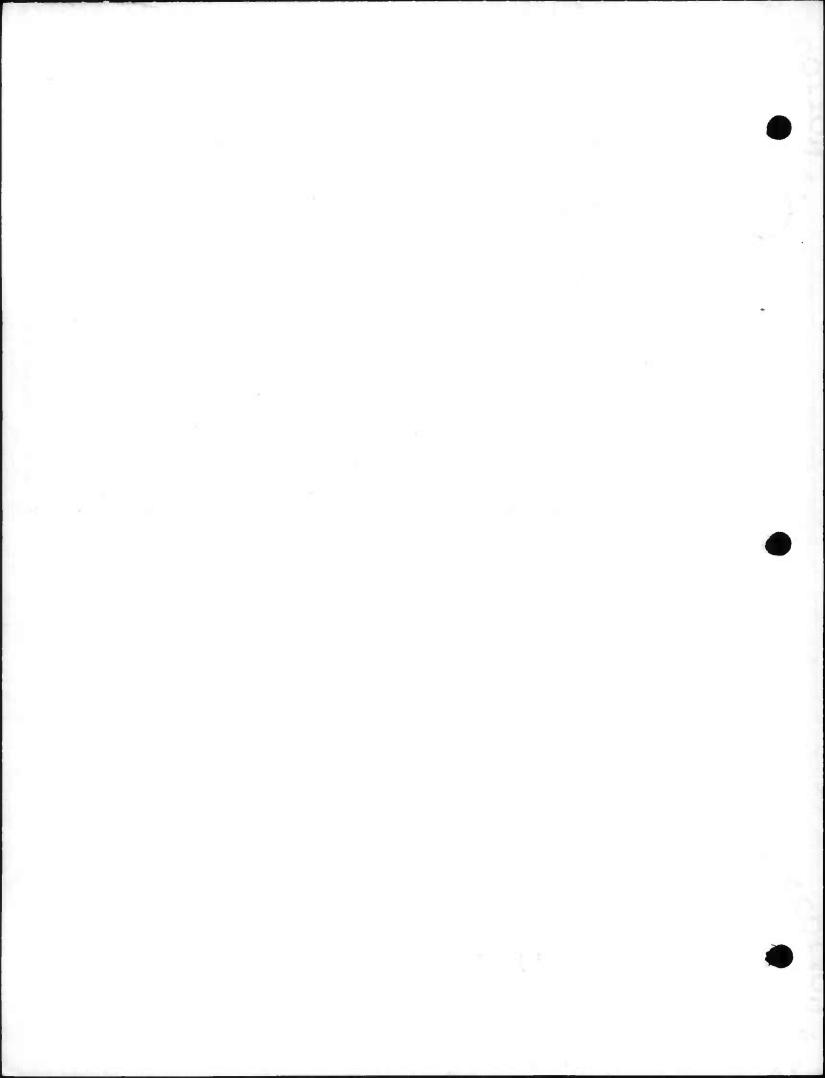
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFIC	ATE O	F DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	2				2. DATE OF	DAY	Y	YEAR	3. TIME OF DEATH	н
William 4. SOCIAL SECURITY NUMBER	Pera 5. SEX 8. AGE (In v				Decen		6, 1	993	8:15	AM
088-01-8289	1√ M 2 □ F		NTHE DAY		7. DATE OF I (Month, Di JUNE	BIRTH ny. Year) 13.1	912	Country	PLACE (State or For	eign
Se. FACILITY NAME (If not institution, give street		98	city, tow	N OR LOCATION OF DE	АТН		9c. COU	NTY OF D	EATH	
Anne Arundel Medi			Annax				Ann	e Aru	undel	
Maryland 106. COUNTY Prin	ce Georges	Lank	own or lo lam	CATION					10d. INSIDE CITY LIMITS? 1 YES 2 1	NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
6122 Main Street				20716			Uni	ted s	States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? THE YES THE TEST OF THE TEST O	S. ARMED 2 NO S	If yes,	DECENOENT OF HISPAN specify Cuben, Mexical (ES 2 XXVO Specify	n, Puerto Rica	pecify Yes (n, etc.)	or No—	Specif	- American India: , Whita, etc. y: Casian	n,
15. DECEOENT'S EOUCAT (Specify only highest grade co	TION 16	a. DECEDENT'S USI	JAL OCCUPA	ATION	16b. KIN	O OF BUSI	INESS/IND	_	aus curi	-
and the second s	College (1-4 or 5+)	life Do NOT use re	tired.)	most or working		0 1				
17. FATHER'S NAME (First, Middle, Last)		Photogra	pner	18. MOTHER'S NAI		val 1		arch		
Ruel Pera				Unobta	inable	2	,			
19a. INFORMANT'S NAME (Type/Print) Karen Pera	(daughter)			of and Number or Flural F						
20a. METHOD OF DISPOSITION	20b PI	ACEANDDATEOFD			OATE			City or Tox	un State	_
1 Buriel 2 XXCremation 3 Remove 4 Denation 5 Other (Specify)	I from State comotor	ne commissions or other	mlanal	matory 12	1				The second second	
21. SHINATURE OF FUNERAL SERVICE LICEN	SEE // //		22. NAME	AND APPRESS OF FACE	SILITY E	2 4 0 0	Ham	7(1, IV	<u>шлухичи</u>	
Chala	14/14	1	147	Duke of G	enices	ton 1	HOME Annav	e, In	ic.	1101
23. PART I. Enter the disease, or conshock, or heert fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	insequence of: Astrutus insequence of:		mode of dying, such		or respire	atory sm	est,	Approximation interval Be Onset and I WET I Smy	tween
PART II. Other algnificent conditions of	contributing to deeth but i	not resulting in ti	ne underly	ing ceuse given in i	Part I. 24s	. WAS AN A			WERE AUTOPSY FIN	
					10	YES 2			COMPLETION OF CA	
					_		,		1 YES 2 N	•
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Che	ck only one)					
EXAMINER?	IOSPITAL: Inpetient 2 - ER/Outpetie		THER:	ome 5 - Residence		ecify)				
27. MANNER OF OEATH 1 Not Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. I	NJURY AT WORK?	28d. OESCRIE		JURY OCC	CURED		
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, ferm, stree	t, factory, of	fice	281. LOCATIO City or To	N (Street an wn, State)	d Number	or Rural Ro	oute Number,	\exists
	N: To the best of my knowledge								and manner as sta	ted.
296, SIGNATURE AND TITLE OF CERTIFIER	- 81 mx			29c. LICENSE NUM	BER				(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF GEATH	(ITEM 27) (Type, Prin	d)	D307			- /	16/	193	
ROBERT ScOTT	EDEN, MI	600 K	ZIDGE	LY AVE, A	HNATO	145,	MD:	214	0	
DEC 0.7 199:	EDEN MI 32. REGISTRAR'S SIGNATUR Julia Davidson	ne Handell				-				
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month, Day, Year)
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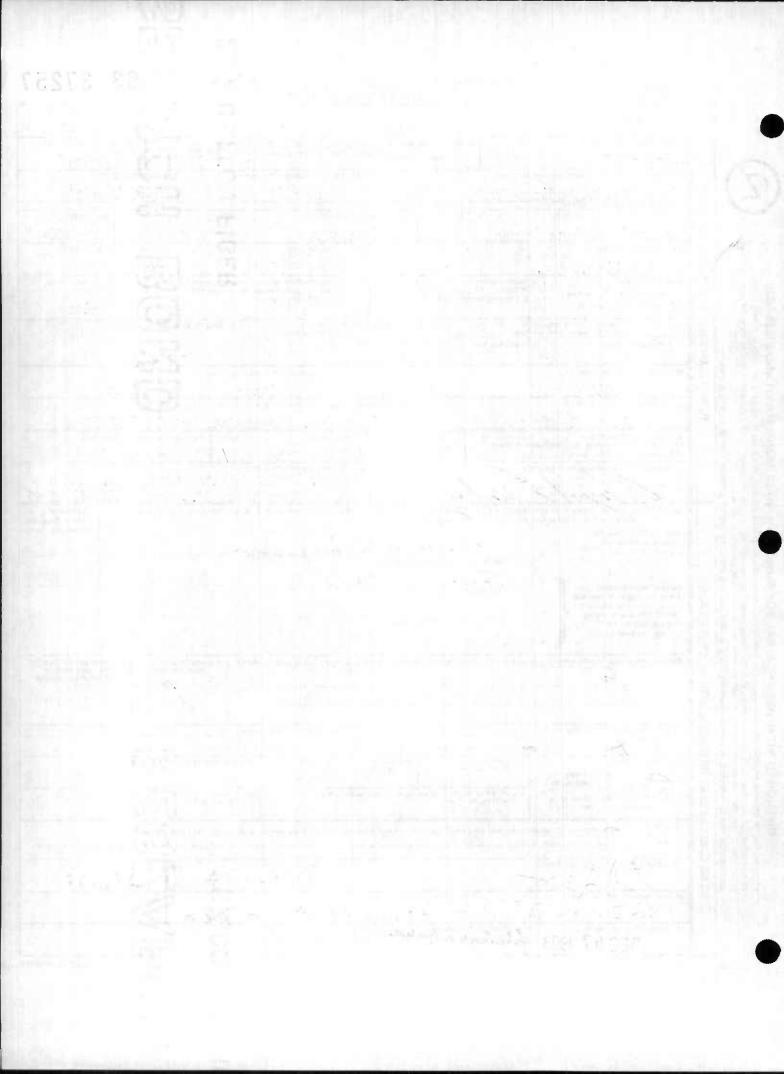
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39. REGISTBAR'S SIGNATURE
Julia Daydson-Rondall

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTI				MENTA	L HYGIEN		93	37257
1. DECEDENT'S NAME (First, Middle, Leet)								OF DEATH	_		3. TIME OF DEATH
MYRTLE	IRENE		PAXTO	N	Elev		MONT			YEAR	4:00 M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)	F UNDER 1 YEA		R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
213-74-7882	1 🗆 M 2 💢 F	92	YRS.	ONTHS DAY	8 HOURS	MIN.	Son	01	190		ryland
Se. FACILITY NAME (If not institution, give a	itreet and number)		9	b. CITY, TOW	N OR LOCAT	ION OF D			9c. COUR	NTY OF DE	ATH
Anne Arundel Med	ical Cente	r		A	nnapo	lis			Ann	ie Ar	undel
RESIDENCE OF DECEDENT	v		I son CITY I	TOWN OR LO							AND MINISTER OFFI
	Arundel			dgewa	11-11				I		10d, INSIDE CITY LIMITS? 1 YES 2XX NO
					107. ZIP COL	210	27				NAT COUNTRY?
304 Linden Ave	12. WAS DECEDENT E	VED IN 11 C AD	MED	12 WAS	DECENDENT			N? (Specify Yes			States
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, OIVE WAR	YES 2 TA	10	If yes	specify Cub	en, Mexico	an, Puerto		OF NO.	Black, Specify	— American Indian, White, etc. White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S US We kind of wor Do NOT use r	k done during	ATION most of work	ing	160	. KIND OF BU	SINESS/IND		
6	,		Home	maker				Do.	mesti	ic	
17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	AME (First,	Middle, Malden	Sumame)		
William		Lewis					ene.			Carr	
19a. INFORMANT'S NAME (Type/Print)								ber, City or Tow			
	Bowser					Edg		er, Ma			
20e. METHOD OF DISPOSITION 1	oval from State	cemetery, cre	metory or other	r place!		ery	12		ayo,		
21. SIGNATURE OF FUNERAL BERVICE LA	Dent	les		John Duke	Of G	aylo	r Fu este	r St	Anna	poli	., 147 s. Md 21401
23. PART I. Enter-the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (DR	AS A CONSECUTA AS A C	DUENCE OF):	û, d	S. O.	wh.	1.10	creation of real	iratory arr	• • • • • • • • • • • • • • • • • • •	Approximate interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO (OF	R AS A CONSEC	DUENCE OF):								
PART II. Other algoriticant condition	e contributing to de	ath but not r	eaulting in	the underl	ying cause	given in	Part I.	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMPILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH (C)	heck only o	ne)			
EXAMINER?	HOSPITAL:	R/Outpatient 3		THER:		- Tries	- 444				
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day,	JURY	25b. TIME C	OF 28c.	INJURY AT WORK?		_	SCRIBE HOW I	NJURY OCC	CURED	
2 Accident Investigation 3 Suicide 5 Could not be determined	28e. PLACE OF IN building, etc.	NJURY — At ho :. (Specify)	me, farm, stre	et, factory, o	ffice			CATION (Street or Yours, State)		or Rural Ro	oute Number,
29e. CERTIFIER 2 MEDICAL EXAMINE	ICIAN: To the best of my ER: On the basis of exam										and manner as stated.
29b, SIGNATURE AND TITLE OF CERTIFIE					29c LIC	SENSE NU	MBER 3	6	29d. DATI	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PURSON WH	ON PLETED CAUSE	OF DEATH (ITE	27) (Type, Pr	rine)	100	10	2/1	666			

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
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1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle	to the o	(CERTIF	ICAT	E OF	DEA	TH		REG. NO),														
Mary	Lina	F	PROUT					MONT	ember	2 10	YEAR	9:20 D												
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDE		-	24 HRS.	7. DATE	OF BURTH		8. BIRTI	IPLACE (State or Foreign												
577-32-7198	1 🗆 M 2 💢 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	26,1	924	Mar	ÿland												
Washington Co	ounty Hospit	al				towr		EATH			HING													
Maryland 10b.	Washington			т, то w и (13			17		10d. INSIDE CITY LIMITS? 1 YES 2 NO												
10e. STREET AND NUMBER 15319 Clears	oring Rd.			173	101	217				10g. CIT	USA	WHAT COUNTRY?												
3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED		If yes, sp	ENDENT CONTROL	ın, Maxica	n, Puarto	Y? (Specify Ye Rican, etc.)	s or No—	14. RACI Blac Spec	E - American Indian, k, White, atc.												
	T'S EDUCATION ent grade completed)	16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON est of work!	ng	168	. KIND OF BL	SINESS/INC	DUSTRY													
15. DECEDEN' (Specify only higher Elementary/Secondary (0-12) 12	College (1-4 or 5	+)	ishwas						-		Sto	re Kitcher												
John	Edward		Prou				Mary	/		berta		Nutwell												
Roberta A.Bero						od L			ber, City or Too Yenne															
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Speci	☐ Removal from State		EANDDATE Crematory or C	OF DISPOS	SITION (No	me of		DAT	E 20c. LC	cation —	City or To													
21. SIGNATURE OF FUNERAL SER						NO ADDRE		100		0.111.011	,,,,,													
IMMEDIATE CAUSE (Final	allure. List only one ca	use on each il	ne.	not antai	the mo	BOX #	348 Ing, suc	h as can	lliam	iratory an	reel,	Approximate interval Between Onset and De												
ahock, or heart if iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due vo	use on each il	e m. seouence o	Pnot antai	the mo	BOX #	348 Ing, suc	h as can	lliam	iratory an	reel,	Approximate interval Between Onset and De												
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Sequentially flat conditions and cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDIA CAUSE (Disease or Injury that initiated events resulting in death) LAST 26. WAS CASE REFERRED TO MEDIA CAUSE (Manuer) 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin	DUE TO a. DUE TO b. DUE TO d.	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE O	Protection of the unit of the	nderlying 26. Pi R: rsing Hom 28c. INJ WC 1	g cause LACE OF E TORKY TYPES 2 [d 348 ling, suc	Part I.	24a. WAS AIPERFO	AUTOPSY RMED? 2 NO	24b	Approximate interval Betwee Onset and De Ons												
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ahock, or heart in MEDICAL E. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant continuous continuous cause. The continuous cause cause. The cause cause is any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant continuous cause c	DUE TO a. DUE TO b. DUE TO d.	D (OR AS A CONS O (OR AS A CON	SEQUENCE O SEQUENCE O REQUENCE O The resulting	Protestant of the unit of the	nderlying 26. Pt R: rsing Hom 28c. INI wc 1 victory, office	g cause LACE OF E BURY AT B	given in	Part I. Part I. 28d. DE: 28f. LOC Chy to the cat	24a. WAS AI PERFO 1 VES ATION (Street or Town, State use(e) and ma	AUTOPSY RMED? 2 NO INJURY OC. and Number	24bb CURED r or Rural in the cause(s	Approximate interval Betwo Onset and De Constant De Constant De Constant De Constant De Competition of Causi Of Death? 1 Yes 2 No No Number,												

3. TIME OF DEATH

Approximate

Interval Batwean Onset and Death

A. M

7:55

8. BIRTHPLACE (State or Foreign

Pennsylvania

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

219-36-3664

Sarah Ruth PRESSEL

6. SEX

1 M 2 KF

YRS.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. last birthday)

82

2. DATE OF DEATH

11/30/93

7. DATE OF BIRTH (Month, Day, Year) Sept. 8, 1911

irs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

Jo. detached once. 8 Ħ funeral director, page 5 should notified Pe must examiner filled in by the fillen, or removal. medicai signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the event, traumatic other 0 injury. amy shows has been s Dept. of H certificate h llem. 0 this c marked, DIRECTOR: After the hours after death item

executed within

PHYSICIAN: The law requires that the death certificate be

HOSPITAL DR ATTENDING

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

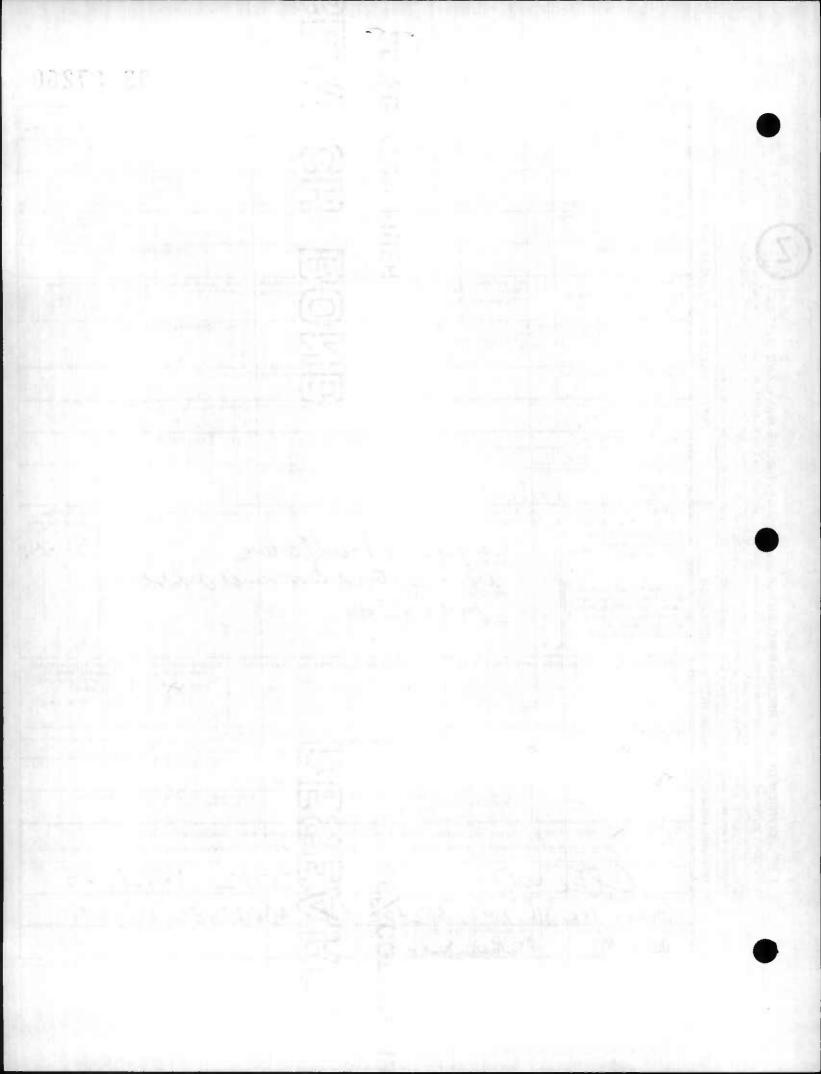
9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Ravenwood Lutheran Village Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington Hagerstown Maryland 1 YES 2 NO 100. STREET AND NUMBER Ravenwood Lutheran Village FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1183 Luther Drive USA 21740 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, stc. FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 1 Never Merried 2 Merrie BY 3 Wildowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 12 teacher elementary school 4 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ira Stover Lottie Ziegler BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 227 S. Antrim Way, Apt.10, Greencastle, Pa.17225 Donna G. Giffin 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Rest Haven Cemetery 12-1 Hagerstown, Maryland 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line **IMMEDIATE CAUSE (Finel** disease or condition_ Lhoh resulting in death) DUE TO (OF AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - 10 DEATH? 1 YES 2 NO PHYSICIAN: 3 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** 1 YES 2 NO 4 Nursing Home 5 - Residence 8 - Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 69 8 Could not be COMPLETED 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and manner as stated. (Check only one) FUNERAL I IMPORTANT: IF 2 MEDICAL EXAMINENT OF of examination and/or investigation, in my coinion, death occured at the time, date and place, and due to the ceuse(e) end memor as stated. 29b. SIGNATURE AND BE 三年 61 0 223 2 32. REGISTRAR'S SIGNATURE DEC 0 1 1993

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the count after death. Page 6 may be retained by the hospital	nours after death. Page 6 may be retained by the hospital
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for he filed within 72 hours after death with the State Dent, or Health and Mental Hydeline brief to burial, cremation, or removal.	led in by the funeral director, page 5 should be detached for removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIE	INE	3 37260		
- (E MILLIAN		SR.		2. DATE OF DEATH MONTH DECEMB		s. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 223-20-0830	1 ₂ M 2 □ F	AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/31/192	20	BIRTHPLACE (State or Foreign Country) Virginia		
TOR	99. FACILITY NAME (If not institution, give sta Harford Memorial RESIDENCE OF DECEDENT				e de Gra			or of of of of of of of of of of of of of		
L DIRECTOR	Maryland Harf		10c. CIT	Aberdee	1777			10d. INSIDE CITY LIMITS? 1XXYES 2 NO		
BA	739 Cronin Drive			100	21001			N OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	2 NO If yes, specify Cuban, Maxic				Black, White, etc. Specify: White		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)						G. Gove			
BE COM	17. FATHER'S NAME (First, Middle, Last) Victor H. Price		11450			ME (First, Middle, Maid Walls				
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Robert L. Pri		196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 739 Cronin Drive, Aberdeen, Maryland 21001							
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE OF THE PROPERTY OF THE PRO			1111		y or Town, State aryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee	glesbee		o ADDRESS OF FA					
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltrated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions	contributing to de	eth but not resulting	In the underlying	g cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	eck only one)				
YSI	1 VES 2 NO	1 Inpetient 2 - E	R/Outpetient 3 🗆 DOA			8 Other (Specify)				
ву Рн	27. MANNER OF CEATH 1 Netural 5 Pending investigation	28s. DATE OF IN. (Month, Day,	Your) INJ	M 1 D	RK? res 2 No	28d. DESCRIBE HO	V INJURY OCCU	RED		
0	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF II building, etc	NJURY — At home, farm, L. (Specify)	atreet, factory, office		28f. LOCATION (Stre City or Town, Str	et and Number or ite)	Rural Route Number,		
COMPLETE	anal		knowledge, death occurr nination and/or investigation					cause(s) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ww			DJ/	MBER 7/2	29d. DATE S	SIGNITO (Morth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CHAPLES ECK J	12. 219 L	OF DEATH (ITEM 27) (Types U. BELL (R AU	F. AB	FULDIFE	V, M	D 21001		
	DEC 13 '93	32. REGISTRAR'S	SIGNATURE	5						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTIF	CALE	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Ryan Michael	PELTZ				2. DATE OF DEATH 12/4/93	AY YEA	3. TIME OF OEATH 5:54 pm · M			
	4. SOCIAL SECURITY NUMBER infant	5. 9EX 6.	AGE (In yrs. lest birthday) — YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 12/4/93	8. B	IRTHPLACE (State or Foreign ountry)			
	6a. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY C	OF DEATH			
TOR	Franklin Square H	ospital Ce	enter	Balti	more		Balti	nore			
FÜNERAL DIRECTOR	MD 10a. STATE 10b. COUNT Balti	more Harfo	ord Bal	TOWN OR LO	Bel Air			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO			
ERAL	9000 Franklin Squ	Purdue Ct.			101. ZIP CODE 21237	21014	U.S.A				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 ND	If yes,	ECENDENT OF HISPAR apacify Cuban, Mexica ES 2 NO Specifi	3	RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA		16b. KIND OF BU	SINESS/INDUSTF	RY			
COMPLETED	Elementary/Secondary (0-12) Infant	College (1-4 or 5+) infant	infant	e retired.)	most of working	infant					
	17. FATHER'S NAME (First, Middle, Last) Robert Matthew	Peltz			18. MOTHER'S NA Barbara	ME (First, Middle, Melden Tracey		otton			
TO BE	190. INFORMANT'S NAME (Type/Print) Barbara T. Peltz		19b. MAILING 1407 E	ADDRESS (Street	t end Number or Rural	Route Number, City or Tow Air, Maryl	n, State, Zip Code	21014			
	20e, METHOD OF DISPOSITION 1 Described 2 Cremetion, 3 Reg	oval trom State									
	20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20b. PLACE AND DATE OF DISPOSITION (Verna of ACLITY ACCORDER.) 20c. LOCATION - City or Town, St. 20c. LOCATION - City or Tow										
	· Styly a.	Muck		1317	Cokesbur	y Rd., Abi	ngdon,				
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
	PART II. Other algnificant condition	a contributing to de	ath but not resulting t	n the conductor	lan and a stille to						
MEDICAL	PART II. Outer agrinuant condition	ia contributing to de	eth but not resulting i	n the underly	ing ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO			
						901	4,000				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	PLACE OF DEATH (Ch						
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	26e. DATE OF IN. (Month, Day,		URY	NJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D			
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		NJURY — At home, ferm, s (Specify)	treet, factory, of	fice	281. LOCATION (Street City or Town, State)		iral Floute Number,			
COMPLE			knowledge, death occurre					ree(s) end manner ee stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Polly	M.D.		D 4033	MBER 32	29d. DATE SIG	NEO (Month, Day, Year)			
	Cynthia Mobley,	Section 2011	OF DEATH (ITEM 27) (1) DIE.	Powo			,				
	DEC 1 3 '93	32. REGISTRAR'S	SIGNATURE AND AND AND AND AND AND AND AND AND AND								



-	burial-trans	
	be detached for use as the	
	; page 5 should	
	funeral director	
	ian and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	or to burial, cremation, or removal.
		300

BALTIMORE, MARYLAND 21215-0020

urs after death. Page 6 may be retained by the hospital	in by the funeral director, page 5 should be d r removal.	edical examiner must be notified at o	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

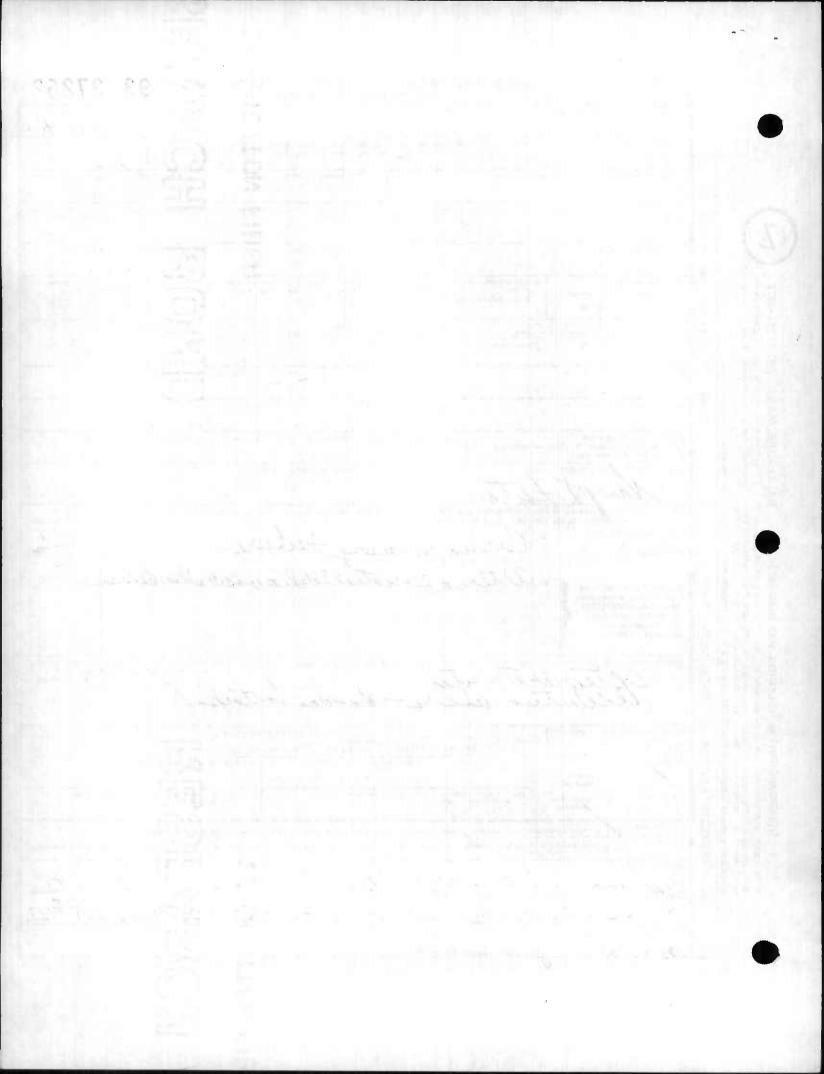
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE	DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		93	37262	
	1. DECEDENT'S NAME (First, Middle, Lest) Helen S. Poo						2. DATE OF DEATH	ΑY	YEAR 993	3. TIME OF DEATH 12.25 R M	
	4. SOCIAL SECURITY NUMBER 218-22-0216	5. SEX 1	6. AGE (In yrs. las 100	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day Year) OCt. 6, 18	8, 1893 M		PLACE (State or Foreign	
TOR	90. FACILITY NAME (II not Institution, give 410 East Main RESIDENCE OF DECEDENT					on LOCATION OF D	ЕАТИ		arro		
DIRECTOR	10a. STATE 10b. COUNT	arroll		11000	y, town or Local					10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
FUNERAL	100. STREET AND NUMBER 410 East Mair	Street			10	f. ZIP CODE	57	10g. CITIZEN OF			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexic 2 X NO Speci	en, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1.2	JCATION e completed) College (1-4 or 5 d	(Gi	CEDENT'S No kind of Do NOT u eric		ON osl of working	Federa. Fort G	nment Meade			
BE CON	17. FATHER'S NAME (First, Middle, Last) John W. Ston	esifer					AME (First, Middle, Malden e Boose	Surname)			
TO E	19a. INFORMANT'S NAME (Type/Print) Harold Poole 3960 Poole Rd. Finksburg, Md. 21048 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)		20b. PLACEA cometery, cree Krid	metory of o	ther place) S Cemet	ery	12/13			ster, Md.	
	· Nancy X.	Eleth	(e)		Thoma 254	E. Main	letcher St. Wes	tmin	ster	.H. c,Md.21157	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau	t caused the de							Approximate Interval Batween Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
MEDICAL	PART II. Other algnificant condition	na contributing to	death but not re	eaulting	in the underlyin	g cause given in	Part I. 24a, WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	LACE OF DEATH (C	neck only one) 8 Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY	28b. TIM	IE OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY O	CUREO		
ETED E	3 Suicide 6 Coyld not be 4 Homicide defermined	28e. PLACE O building,	F INJURY — At horate. (Specify)	me, farm,	street, factory, offic	•	281. LOCATION (Street City or Town, Stete)	and Numbe	or Or Aurel A	loute Number,	
E COMPL	amat	ER: On the basis of e					e to the cause(a) end me e time, date and piece, ar IMBER	nd due to t	he cause(s) and manner se stated, (Month, Day, Year)	
TO BE	30/NAME AND ADDRESS OF PERSON W	JAX EL	greg	le	That !	201	795	•	12	111/93	

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo.
ICH 421 Y. PALE 5304

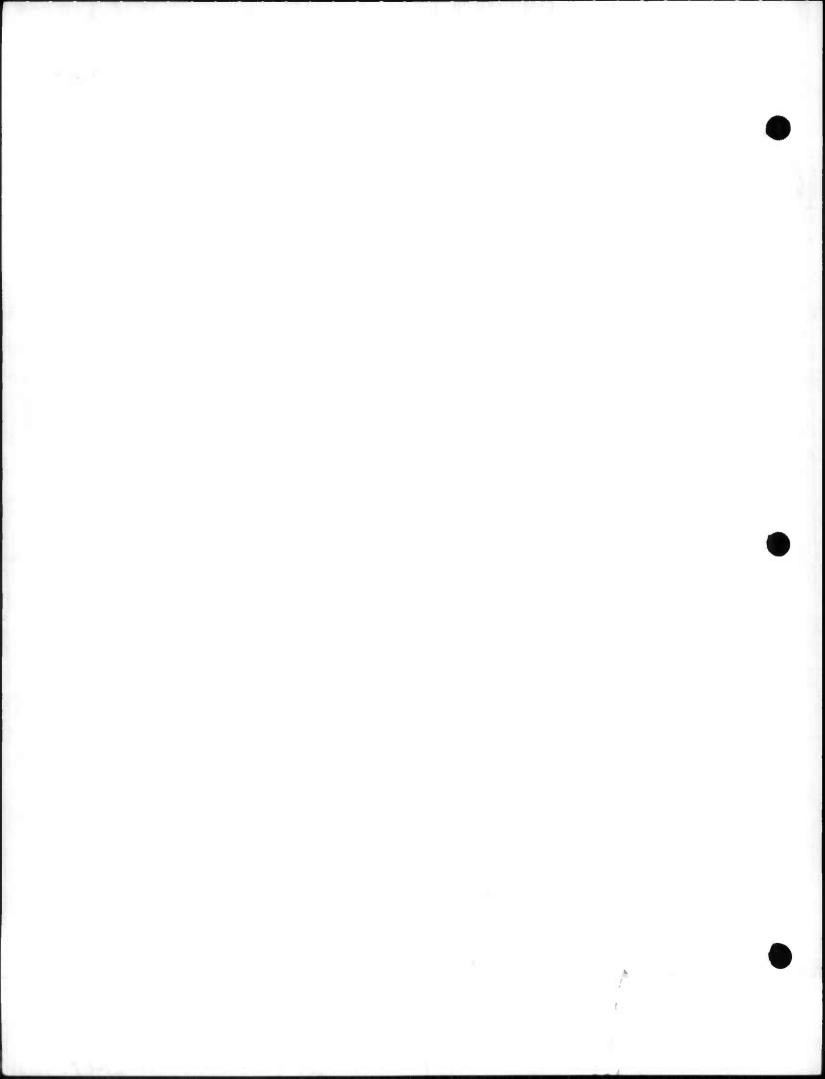
ICH ARD

DHMH-18 Rev 1/89



1. DECEDENT'S NAME (First, Middin, Last)		1 - STATE REGISTRAR	SIMIE UP II	CE		ICATE			MEN		EG. NO.	Ė .		
TO THE PART I CENTER OF DECEMBER 1 STANDS 100 COUNTY OF DEATH		VERNA P	ARK	NA H. PA	ARK					DATE OF I	DEATH DA			3. TIME OF DEATH
THE CHILD CONTROL OF DESCRIPTION OF DEATH STATE AND PROCESS TO STREET AND ANABORA CONTROL OF DEATH STATE AND ANABORA CONTROL OF DEATH AND ANABORA CONTROL OF DEAT								7					a, BIRTH	IPLACE (State or Foreign
HOLV CROSS HOSPITAL TREEDINGS TO PROBERTS TO COUNTY MARYLAND MONTGOMERY SILVER SPRING SILVER SP		101-10-0329		93	YRS.			2 7 2 142		INE 2	21.		NEW	JERSEY
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TISE. INFORMANT'S NAME (Type-Print) THE MALLING ADDRESS (Shorel and Numbers City or Boars, State, Ze Cods) 4901 MONTGOMERY LANE BETHESDA, MARYLAND 20814 200. METHOD OF INFORMANT'S NAME (Type-Print) 190. MALLING ADDRESS (Shorel and Numbers City or Boars, State, Ze Cods) 4901 MONTGOMERY LANE BETHESDA, MARYLAND 208144 200. MARYLAND 20814 200. MARYLAND 20814 21. MARK AND ADDRESS OF FACILITY FRANCISS (Type Species) 22. MARK AND ADDRESS OF FACILITY FRANCISS (Type Species) 23. PART I. Einer the disease, or complications that covered the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, information resulting in death) 23. PART I. Einer the disease, or complications that covered the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, information resulting in death) 24. DATE (MARKET PRINT) 25. PART II. Einer the disease, or complications that covered the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, information resulting in death) 25. DUE TO (OR AS A CONSECUENCE OF): 26. DUE TO (OR AS A CONSECUENCE OF): 27. MARK PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. DUE TO (OR AS A CONSECUENCE OF): 27. MARKET RIPOR TO MERICAL 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. MANGET OF DEATH 29. MARKET RIPOR TO MERICAL 29. MA			STR	ANC			18. MC						MEG	
JOHN T. DURFEE 200. METHOD OF DISPOSITION 1 Buttle 2 (Formation 3 Removal from State 4 Durestion 5 Removal from State 5 Durestion 6 Durestion 5 Removal from State 6 Durestion 6 Durestion 6 Removal from State 8 Durestion 6 Durestion 7 Removal from State 8 Durestion 6			5110		MAILING	ADDRESS (C								
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Security 2 Committon 3 Removal from State Committon 3 Removal from State Committee		20a. METHOD OF DISPOSITION												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease). DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate causes interval Between Onset and Dast interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Betw		1 Buriel 2 Cycremation 3 Remove A Donation 5 Other (Specify)	cemetary cren	metory or o	ther nlere)		v	1 '						
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Interval Between Consecution Interval Between Consecution		23. PART i. Enter the diseases, or co	emplications that	coused the dea	nth. Do r	ot enter th	mode of c	KS 11	Ch es	LVD.	or reaple	SIL.	SPK.	
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28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 28. DATE OF INJURY AI WORK? 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28. PLACE OF DEATH (The Complete in a complete in a		Africal Fibrullation a marked Yearhol Refuse 1 yes 2 10 NO CON										AMAILABLE PRIOR TO COMPLETION OF CAUSE		
Continue Continue		Car	-0											1 YES 2 NO
Continue Continue	Ž			<u></u>			8. PLACE OF	DEATH (C	Sheck onl	ly one)			ш.	
Continue Continue	SIC			ER/Outpetient 3	□ DOA	OTHER:					acifu)			
Continue Continue	ξ		28a. DATE OF	INJURY	28b. TIM	E OF 28	INJURY AT		-			JURY OCC	CURED	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE			(MONU), De	ly, rour)	INJ			□ NO						
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 2 4 0 11 296. LICENSE NUMBER D 2 4 0 11 296. DATE SIGNED (Mornin, Day, Year) 12 - 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S AAD ULIAH KHAN MD 8830 Caucaan St #50 2 Silus Styr MD 20 9 1 (2)		3 Suicide 6 Could not be	28e. PLACE Of building, o	INJURY — Al hon atc. (Specify)	INJURY — Al home, farm, street, factory, offica c. (Specify)			281, [LOCATION City or Tov	N (Street al	nd Number	or Rural A	oute Number,	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 2 4 0 11 296. LICENSE NUMBER D 2 4 0 11 296. DATE SIGNED (Mornin, Day, Year) 12 - 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S AAD ULIAH KHAN MD 8830 Caucaan St #50 2 Silus Styr MD 20 9 1 (2)	COMPLE	(Check only	AN: To the best of ax	my knowledge, dea amination and/or in	th occurre	nd at the time,	deta and plac	a, and du	a to the	cause(a)	and mani	ner sa stat	ed. e cause(a)	and manner as stated.
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAAD ULIAM KHAN MD 8830 Comeron ST #502 Silus Stry MD 209/10		296. SIGNATURE AND TITLE OF CERTIFIER	1 Lu	a	11		29c. LI	ENSE NU	MBER	-		29d, DATE	E SIGNED	(Month, Day, Year)
SAADULIAH KHAN MD 8830 Comeron ST #502 Silustry MD		30			_		D:	24	01	1		> /	2 -:	2-93
31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE		S AAD ULLAT	COMPLETED CAUS	MD 8	27) (Type,	Print)	mene	n	81	#	50	2_ 3	Tilu 2	Shy MD
		31. DATE FILED (Morith, Day, Year) DFC 0 6 1993	932 REGISTRAT	Son Janda	22									

BALTIMORE, MARYLAND 21215-0020



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	HEGISTHAR		CERTI	-ICALE	OF DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Pearl M. P	otter			2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. lest birthday)			12	86	93	1773 H			
8	214-30-0574	1 M 2 F	84 YRS.	-	AYS HOURS MIN.	7. DATE OF BIF (Month, Day, May 16	Year)	Countr	PLACE (State or Foreign y) INESSEE			
R	SHADY OR OUF	HOUENTIST	HOSPITAL	96. CITY, TO	WN OR LOCATION OF	DEATH		ontgoi				
E	RESIDENCE OF DECEDENT	1/3000110	, ,,,,	1					mery			
Ä	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN OR L	OCATION			10d. INSIDE CITY				
L DIRECTOR	Maryland Mon	tgomery		Rockvi			LIMITS? 1 XYES 2 NO					
FUNERAL	310 Grandin Aven	ue			10f. ZIP CODE 20850		10g. CITIZEN OF WHAT CO					
5	11. MARITAL STATUS	12. WAS DECEDENT EX		13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Spe	cify Yea or No-					
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		If ye	e, specify Cuben, Mexi YES 2 🛣 NO Spe	can, Puerto Rican,	etc.)	Speck	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND	OF BUSINESS/II	NDUSTRY				
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	work done durir ise retired.)	g most of working							
립	9		Food Pr	ocesso	r	Fo	od Serv	rice				
S	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S	AME (First, Middle,	Maidea Company					
	James Washington	n Andrews				Ann Van	,					
B	19a. INFORMANT'S NAME (Type/Print)	i marews	200 1000000									
2	Samuel A. Potter				reet and Number or Run							
					Avenue,				20850			
	20a. METHOD OF DISPOSITION 1 CX Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of cametery, crematory or other place) ROCKVILLE Cemetery 12/10/93 RockVille, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc. 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or o	complications that ce	Used the deeth. Do	not enter the	mode of dving, su	ich as cerdiec o	20850 -	-2805 rrest	Approximete			
- 1	ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death											
	disease or condition											
	resulting in death)											
	DUE 16 (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly Hat conditions, Due TO (OR AS A CONSEQUENCE OF):											
F	if any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury C.											
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
英	d.											
	PART II. Other aignificant condition	a contributing to dee	th but not reauiting	in the under	iving cause given i	n Part I. 24a. V	AS AN AUTOPSY	/ 24h	WERE AUTOPSY FINDINGS			
EDICAL	0 1	E 1				P	ERFORMED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
	The Imond	7 - 01	tun			1 🗆	YES 2 NO		OF DEATH?			
Σ	Diabeter								1 TYES 2 NO			
Z												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (Check only one)						
YSI	1 TES 2 NO	1 Inpatient 2 - ER	/Outpatient 3 DOA		Home 5 - Rasidenci	6 Other (Speci	fy)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y		E OF 280	INJURY AT WORK?	28d. DEŞCRIBE	HOW INJURY O	CCUREO				
BY	1 Neturel 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,	"		YES 2 NO	1						
	3 Suicide 6 Could not be	28s. PLACE OF IN	JURY — At home, farm,	street, fectory,	office	261. LOCATION	Street and Number	er or Rural A	oute Number,			
回	4 Homicide determined	building, etc.	(эреспу)			City or Town	, State)					
"	29a. CERTIFIER	MANUTAN A SALA		-		<u> </u>						
₹∥		CIAN: To the best of my										
COMPLET	Z MEDICAL EXAMINE	R: On the basis of axami	nation and/or investigati	on, in my opinie	on, death occured at It	e time, data and pl	ece, and due to	the cause(s)	and manner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	527 W			29c. LICENSE N	JM8ER	29d. DA	TE SIGNED	(Month, Day, Year)			
2	Unistry or	Ad M.	0		0318	39	> /	2/7	193			
F	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETEO CAUSE O	F OEATH (ITEM 27) (Type	, Print) / , /	I WEst	mount	goon	chil	AUL			
	Christopher	Dunt	ord	60	11/11/11	Mad	1	1/2	r-0			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	100	<u> </u>	1		N B U	, ,			
- 1	DEC DO MOOD	Tulia Davidson	-gandell						- 1			
	115 6 11 3 1933											

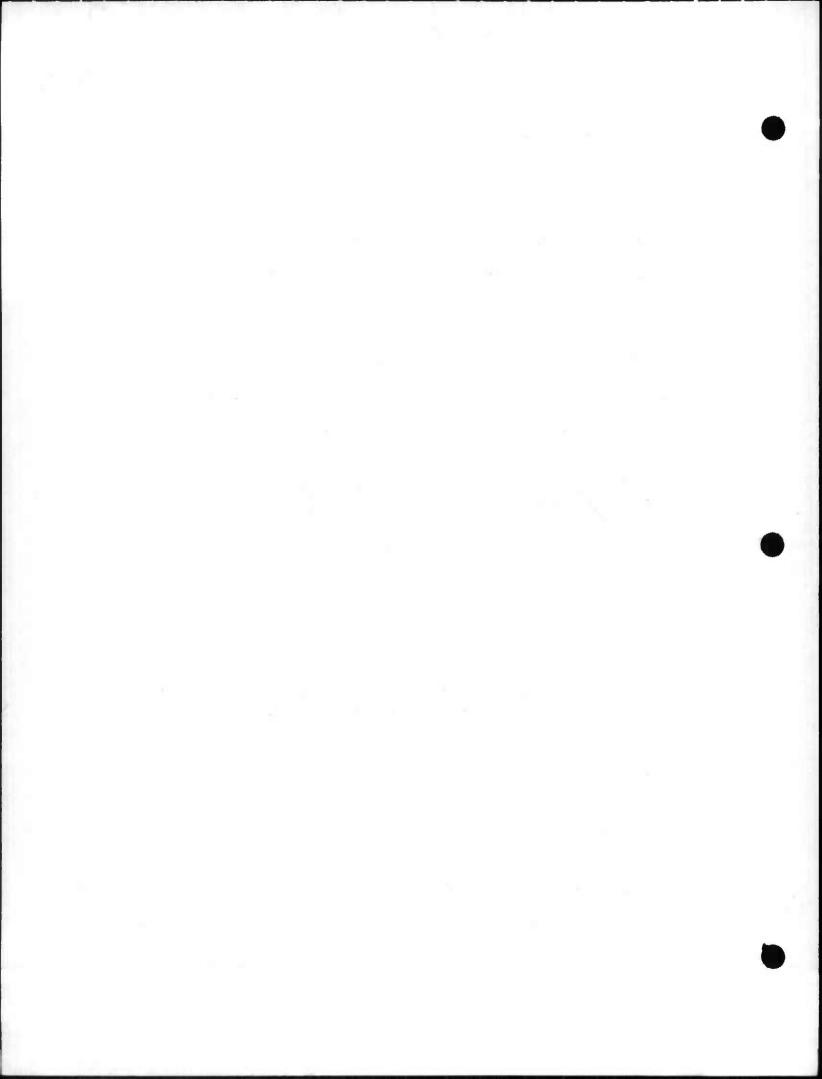
12 C.C.

27265

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEI	16 -	13	31265			
	1. DECEDENT'S NAME (First, Middle, Last) Gladys	O. Pumphrey				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN			
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5	93	Z A M			
	579-12-9425	. C	2 YRS.	MONTHS DAYS		(Month, Day, Year)		Countr	γ)			
	9e. FACILITY NAME (If not institution, give stre		2	Oh CITY TOWN	OR LOCATION OF D	June 2,]	901 9c, COUN		ryland			
œ	Randolph Hills Nur			Whea		EAIN	Monte					
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT							900	- 1			
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION		10d. INSIDE CITY					
=	Maryland Mont	gomery	- 1 :	Kensing	ton				LIMITS? 1 ☐ YES 2 🏲 NO			
A	10s. STREET AND NUMBER			-	IOT. ZIP CODE		10g. CITIZ	ZEN OF W	VHAT COUNTRY?			
E	10814 Connecticut	Avenue			2089	5	Uni	ted	States			
5		12. WAS DECEDENT EVER IN		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian,			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			specify Cuben, Mexic S 2 😿 NO Speci	en, Puerto Rican, stc.) fy:		Speci.	t, White, atc.			
	1971								White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	16a. OECEDENT'S (Give kind of a	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	FION nost of working	16b. KIND OF BU	ISINESS/IND	USTRY				
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)										
Ž	12		ноше	maker			Home					
8	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Meide						
B	Maurice Downs					Elizabeth						
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To						
- 1	Nona Joan Hurdle 10814 Connecticut Ave., Kensington, MD 20895											
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State											
	Parklawn Memorial Park 12/8/93 Rockville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parklawn Memorial Park 12/8/93 Rockville, Maryland 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockville,											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		Rober Rober	t A. Pum	ohrev Fune	ral Ho	ome/	Rockville.			
	Kalup Ja	inh	M00198	300	West Moni ville, Ma	Lyomery Av	enue 0850-2		Inc.			
	23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one couse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **MULTIASTATIC** Ca** List only one couse on each line.** Approximate interval Between Onset and Death **The condition of the country of											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions Organis	contributing to deeth be ascul	ut not reaulting i	in the underlyl	ng couse given in	Pert I. 24a. WAS AI PERFO	RMEO?	24b.	WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATN (C	heck only one)						
YSI	1 TYES 2 DANO	1 Inpatient 2 ER/Outp	atient 3 DOA	4 National Ho	me 5 🗆 Residence	6 Other (Specify)						
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 26c. If	JURY AT	28d. DESCRIBE HOW	INJURY OCC	URED				
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO							
유	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, etc. (Spec	At home, ferm, s	streel, factory, off	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET		AN: To the best of my knowl On the beele of examination							end menner ee stated,			
BE	296 MONATURE AND TITLE OF CERTIFIER	-4	, ,,	1.	29c. LICENSE NU	- 1	29d. DATE	SIGNED	(Month, Day, Year)			
	Mange	rech	me	75.	D12	121	 > /	2.	-5 -93			
오					ve, Wheat	on, Maryla	and 2	2090	5			
	DEC 0 1993	Par REGISTRAR'S SIGNI	gandell.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



3. TIME OF DEATH

12:58

MARYLAND 21215-0020

BALTIMORE

RECORDS, P.O. BOX 68760.

VITAL

DIVISION

4. SOCIAL SECURITY NUMBER

BOAZ JONATHAN PINTO

5. SEX

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

MIN

DAYS

6. AGE (In yrs. last birthday)

YEAR

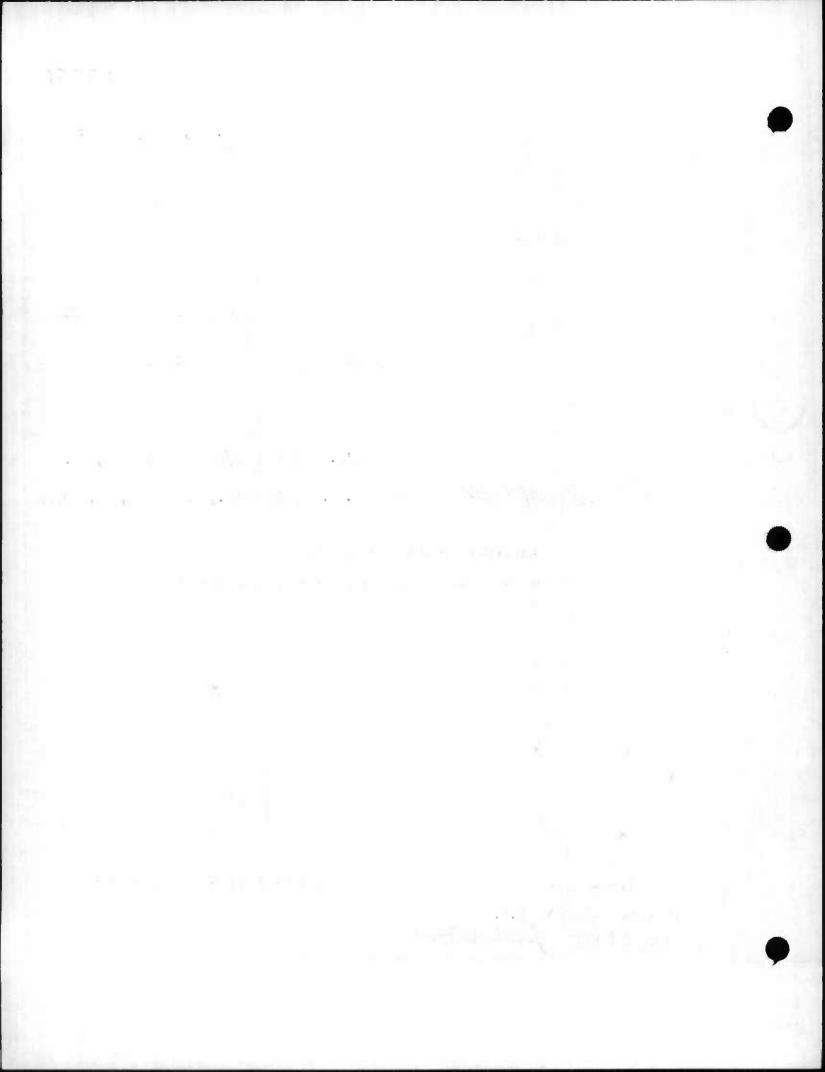
1993

REG. NO. 2. DATE OF DEATH DAY

DEC.

SEPT., 20, 1981 CALIFORNIA 571-67-1930 1 X M 2 F 12 YRS. permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR NIH, THE CLINICAL CENTER BETHESDA, MARYLAND MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HARFORD APG/EA 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 1141A CHESTER COURT 21010 USA med by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1XYES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced be detached for use as the PUERTO RICAN WHITE 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 5 STUDENT SCHOOL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WARREN A. BRUNELLE notified at LISA A. PINTO BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LISA A. DAVILA 1141A CHESTER CT., APG/EA, MD 21010 page 24 hours after death. Page 6 may be Pe 20e METNOD OF DISPOSITION 1 Burlal 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must n 3 🗆 Re director ARLINGTON NAT'L. CEMETERY 12/6 4 Donation 6 Other (Specify) ARLINGTON. VA. 21. SIGNATURE OF FUNERAL SERVICE LIGHNSEE examiner 22. NAME AND ADDRESS OF FACILITY n by the funeral cremoval. M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata ahock, or heart failure. List only one cause on each line Interval Between 6 **IMMEDIATE CAUSE (Finel Onset and Death** and completely fille burial, cremation, the disease or condition resulting in death) . RESPIRATORY FATHURE executed within event, DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEDUENCE OF): traumatic CERTIFICATION Sequantially list conditions, 2 the attending physician Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 0 injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and MiTANT: If Hem 28 is marked, or Hem 23 shows any Inju MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 1 ND Inpatient 2 ER/Outpatient 3 DOA ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1. Natural 2 Accident 5 Pending Investigation м 1 YES 2 ND BY PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ea stated. 2 MEDICAL EXAMINER: Dn the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated. TO THE HOSPITO
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER
(5 LO7376 4 29d. DATE SIGNED (Month, Day, Year) BE D.5-12 ~ m 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Daymar Stein M.D. 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 DEC 0 AN REGISTRANTS SIGNA OFFICE DE



phonic

BALTIMORE, MARYLAND 21215-0020

ohysician.	burial-transit permit. Pages 1, 2, 3	
IONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in gay be unlined by the hospital or attending physician.	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, are then the State Dent, of Health and Mental Hydiene prior to burial cremation, or removal	st be notified at once.
ed within 24 hours after death. Page to	completely filled in by the funeral director	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
res that the death certificate be execute	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burlat, cremanion or removal	rs any injury, or other traumatic
ENDING PHYSICIAN: The law requir	DR: After this certificate has been siter death with the State Deot. of Hi	8 is marked, or item 23 show
TO THE HOSPITAL OR ATTENDIA	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If item 28 is

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Kobin SUE 12 0655 AH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 DE 592-05-6314 20 MARCH 13. FLORIDA Sa. FACILITY NAME (ILAGE institution, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FLA. HILLSBOROUGH TAMPA 1 X YES 2 NO 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10226 OAKLEAF AVE. 33612 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВҰ Specify: 3 Widowed 4 Divorced ACTIVE DUTY WHITE 16a. DECEDENT'S USUAL OCCUPATION

The distribution of working most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ve kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 U.S. NAVY DEFENSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) EARL F. PEGRAM III BE SUSAN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 EARL PEGRAM III F. SAME AS TTEM 20e. METHOD OF DISPOSITION

1 M Burlet 2 Cremaflon 3 Removal from State
4 Donation 5 Debar County 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State NAVAL ACADEMY CEM. Donation 5 Other (Specify) 12/8 ANNAPOLIS, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition reaulting in death) notor BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 Ves 2 No 26. PLACE OF DEATH (Check only one) OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 6 Other (Specify) 4 Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation OGO GM 15/93 1 YES 2 NO 417 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (St COMPLETED 6 Could not be 4 Homicide reet 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29d. OATE SIGNED (Month. BE 2 mo Court 5 12 0 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20711 ones, m.D ME 32. REGISTRAR'S SIGNATURE CO. Day don hande on 9 1993 0

1	-	STATE REGISTRAF	
	1. D	ECEDENT'S NA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1.1	1. DECEDENT'S NAME (First, Middle, Last)		OLI	IIII IOA	L OF	DEATH		G. NO.		
		SAMUEL K	PRESS	S	Samuel	K. Pr	ress	2. DATE OF DE	ATH CAY	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest b		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	птн	8. BIRTHPL	ACE (State or Foreign
29		059-10-6301	1 M 2 🗆 F	86	YRS. MONTH	S DAYS	HOURS MIN.	Sept. 2	Year)	Country)	York
3 should	0	9e. FACILITY NAME (If not institution, give s		- 3 7 7 7			OR LOCATION OF DE		9c. COU	NTY OF DEAT	'H
~i	DIRECTOR	Suburban Hospi			B	ethes	da		Мо	ntgome	ery
iges 1	SEC.	10a. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	TION			10	d. INSIDE CITY
.¥.	1 1		gomery		Rock	ville)				LIMITS?
t pem	RAL	10a. STREET AND NUMBER				101	. ZIP CODE			IZEN OF WHA	
AND 21215-0020 The hospital or attending physician. detached for use as the burial-transit permit. Pages 1.	FUNERAL	259 Congressiona	L Lane, #409			1	208				States
020 physic burfal	1	1 Never Married 2 Married	FORCES? 1 YES	2 NO	1	If yes, sp	ecify Cuban, Mexica	n, Puerto Rican, e	offy Yea or No-	Black, W	American Indian, hita, atc.
AND 21215-0020 The hospital or attending physician, detached for use as the burtal-tran	BY	3/(X) Widowed 4 Divorced		-A1E3		ı 🗆 YEŞ	2 NO Specify	r.		Specify:	nite
121 or atte	E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gha	DENT'S USUAL kind of work don NOT use retired	se during ma	ON est of working	16b. KIND	OF BUSINESS/IN		
D 2 spital of	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		e Buye	-		Pot	ail Sto	70.	
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		3110	o boye	_	18. MOTHER'S NA			16	
C 8 8 8	BE C	Morris Press					Mollie				
MARYL retained by 5 should be notified at	0	19a, INFORMANT'S NAME (Type/Print)					nd Number or Rural I				
11 S S	-	Toby Orenstein					oad, Col				
MORI age 6 may director, p		20a. METHOD OF DISPOSITION 1	oval from State 20	metery, cremat	tory or other place. Can Can	OSITION (Na	nme of		Oc. LOCATION -		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	SUDUI	2	2. NAME AN	ID ADDRESS OF FA	CILITY		_	Maryland
BALTIMORE, after death. Page 6 may be broad. cal examiner must be a		· Cleen	11 0	0		Rapp	Funeral	Service			
aft aft		23. PART i. Enter the disesses, pr c	Dmplications that cause	d the death	n. Do not ant	933 G	de of dylon, such	ue, Sil	ver Spr	ing, M	ID 20910 Approximata
d in or re		shock, or heart fellure. I IMMEDIATE CAUSE (Final	let Dnly Dne ceuse Dn (each line.							interval Between Onset and Death
		disesse or condition resulting in death)	arter	osci	1000	در	Hear	40	ر ممد د	. 0	Oliser and Destil
N 8 8 3 8			DUE TO (OR AS								
66 and and pur	ON	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUE	NCE OF						
So an an a	CAT	cause. Enter UNDERLYING									
O. B ertificat ing phy- rgiene p	III.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUE	NCE OF):						
P H P	CERTIFICATION	resulting in deeth) LAST),								
RDS, F the death by the attended Mental		PART II. Other significant conditions	contributing to deeth i	but not resu	liting in the	underlying	g ceuse given in	Part i. 24a, W	AS AN AUTOPSY		RE AUTOPSY FINDINGS
that the that any	EDICAL								ERFORMED?	CO	MPLETION OF CAUSE DEATH?
111 3 - = = 1	Σ							_ _			YES 2 NO
AL RE te law req has been Dept. of n 23 sho	AN	25. WAS CASE REFERRED TO MEDICAL									
F VITAL SICIAN: The law certificate has I the State Dept , or item 23	PHYSICIAN:	EXAMINER?	HOSPITAL:	netie=1 # []	ОТН	ER:	ACE OF DEATH (Chi				
YSICIAL S certification the the the the the	Ä	27. MANNER OF DEATN	1 Inpetient 2 ER/Out		8b. TIME OF	28c. INJ			NOW INJURY OC	CURED	
NG PHYS NG PHYS ath with	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	1 Y	RK? /ES 2 NO				
0 5 4 5	8	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home,	1erm, street, fe	ictory, office		28f. LOCATION (City or Town,	Street and Number State)	or Rural Route	Number,
DIVISION ATTENION DIRECTOR: hours after item 28 is	1	M. OCCUPANT									
4 42 =	COMPL		CIAN: To the best of my know								
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	8	MEDICAL EXAMINER	t: On the beals of axamination	m and/or inve	atigation, in my	opinion, de	eath occured at the	time, data and pla	ice, and due to th	e cause(a) and	d manner as stated.
TO THE HOSPIT TO THE FUNER. De filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER	0_		N		29c. LICENSE NUM	BER	29d. DATI	E SIGNED (Mo	nth, Day, Year)
₹ 899	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 21	n (Type, Print)	,	200	976	1	2-	7-93
		John Ta	aber			2,5	consid	1 4	ce T	77	ne e
		31. DATE FILED (Month, Day, Year)	A P. REGISTHAR'S SIGN				2.55 m. W	2 79		11	13-4-C
	JE.	DEC 0 6 1993	There was assured	Justinian							- 1

1 - STATE REGISTRAR	STATE OF MA				F HEALTH		MENTAL HYGIEI REG. NO	-				
1. DECEDENT'S NAME (First, Middle, Last)	Mae						2. DATE OF DEATH			3. TIME OF DEATH		
VERA	M.		RIC	GINS			12 0	6	93	9:20 Am		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. in		F UNDER 1 YEA			7. DATE OF BIRTH		8. BIRTNP Country)	LACE (State or Foreign		
214-10-0684	1 M 2 X F	98	YRS.	DAY	B HOURS	MIN.	03 26 1	895	Mary	land		
Se. FACILITY NAME (If not institution, give :	street and number)		9	b. CITY, TOV	VN OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	ATN		
DORCHESTER GENER	AL HOSPITA	L		CAMI	BRIDGE			DOR	CHEST	ER		
MD. 10b. COUNT			Chur	ch Cr	eek			10d. INSIDE CITY LIMITS? 1 YES 2XXXNO				
104. STREET AND NUMBER Golden Hill Road 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21622 U.S.A.												
									Black,	4. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade		16a. Di	ECEDENT'S US	UAL OCCUP	ATION	na	16b. KIND OF BI	JSINESS/IN	DUSTRY			
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 8 (Give kind of work done during most of working life. Do NOT use retired.) operated general store												
17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NAME (First, Middle, Maiden Surname)									
Harry W	allace					I	Anna Wi	1son				
19a. INFORMANT'S NAME (Type/Print) Ritchie L. Rig.	gins						loure Number, City or To Ltway, Ca			MD 21613		
20a. METNOD OF DISPOSITION XIXBurial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	20b. PLACE cemetery, co	PLACE AND DATE OF DISPOSITION (Name of percentage of park 12/8 Cambridge Maryland										
23. PART I. Enter the diseases, pr ahock, or heart fellure. IMMEDIATE CAUSE (Finel	complications that c List only ons cause	aused the d	eath. Do not				. Cambrid			Approximate interval Batween Onset and Dasth		
disease or condition										Sev year		
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
resulting in death) LAST	d											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa							PERFO	TI. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? INQUIRY 1 YES 2				
			- da		MILLE		Inqu	ттЛ		_ 120 2		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient		THER:	Nome 5 7 Re		8 Dother (Specify)					
27. MANNER OF DEATN 1 N Natural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME C	OF 28c.	INJURY AT WORK?		28d. DESCRIBE NOW	INJURY OC	CURED			
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINI	ICIAN: To the bast of my									and manner as stated.		
296. SIGNATURE AND TITLE OF CENTIFIE	Marin	,				ENSE NUM			2 /06 /	Month, Day, Year)		

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111

Penn Street, Baltimore, Maryland

M.D.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the world of the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages fig. 2, 3 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Margarita Korell

1393

31. DATE FILED (Month,

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. It's after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the fluck within 29 hours after death with the State hear of Health and Mental Hyniene prior in burial cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF	MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	93	3727	
nest W.	ROW Ernest Willi	iam Row	2. DATE OF DEATH DAY 12-04-93	YEAR	3. TIME OF DEATH 10:10 P N	
5. SEX	6. AGE (in vrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRTH	IPLACE (State or Foreign	Ī

1. DECEDENT'S NAME (First,		rnest W.	ROW 1	Erne	st Wi	llia	ım R	Row	2.	DATE OF DEATH DA	93	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in y					irthday) IF	UNDER 1 YE	EAR	IF UNDER 24 HR	s. 7.	DATE OF BIRTH		5. BIRTH	IPLACE (State or Foreign
217-10-290		YRS.			HOURS MIN		(Month, Day, Year) Nov. 24, 19			rstown, Md.			
	9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
Ravenwood Lutheran Village Hagerstown Washington													
10e. STATE	10b. COUNTY				10c. CITY, TO								10d. INSIDE CITY LIMITS?
Maryland Washington Hagerstown 1 □ YES 2 ☒ NO													
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Day Road USA													
22,10													
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WIS DECENDENT OF HISPANIC ORIOIN? (Specify Yee or No If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specify: 15. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yee or No If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 16. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yee or No If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)													
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY													
Elementery/Secondery (0	y highest grade I-12)	College (1-4 or 5	+)	Me. D	o NOT use re	tired.)	ng most	of working					
8		0		į	insta.	ller				organ	n mar	nufac	turer
17. FATHER'S NAME (First, M George W.										First, Middle, Melden Munday	Surneme)		
194. INFORMANT'S NAME (1				19b. I	MAILING AD	DRESS (St	treet en			a Number, City or Tow	n, Stete, Zi	ip Code)	
James A. S		Jr.										-	and 21740
20e. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donetion 5 Other	n 3 🗆 Rem	oval from State		other place	9)			itery, cremetory ial Pa				City or To	m, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	n	7	~	22. NA	ME AND	ADDRESS OF	F FACILI	TY			
MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740													
23. PART I. Enter the d ehock, or h		complications the			h. Do not	enter the	e mod	e of dying,	auch as	a cerdiec or reapi	ratory a	rreet,	Approximate Interval Between
IMMEDIATE CAUSE (FI		, , , , , , , , , , , , , , , , , , , ,											Onaet and Death
disease or condition resulting in deeth)	\rightarrow	a											
	_	DUE TO	(OR AS A C	CONSEOU	ENCE OF):	6				6.0			i
Sequentially list condit		b	OR AS A C	ONSEG	ENCE OF:		754	25310	7.	Thun	4		0
cause. Enter UNDERLY	If eny, leeding to immediate cause. Enter UNDERLYING										1 kg		
CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF)													
reaulting in death) LAS	" (d			AS	CVA							gre
PART II. Other algolifica	nt condition	ne contributing to	deeth but	t not rea	ulting in 1	he unde	rlylng	cause giver	In Par			241	WERE AUTOPSY FINDINGS
ROCEMI	CVA	4								PERFOR	2		AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1		1								-	1		1 YES 2 NO
1													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCESSED.													
EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: William YES 2 NO NO NO NO NO NO NO NO													
27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY WORK? 1 VES 2 NO													
2 Accident Investigation 3 Suicide 5 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
29e. CERTIFIER (Charle only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.													
(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner se stated.													
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, 1967)													
30. NAME AND A GORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) ALLEN B. KANG, M.D. S. KANG, M.D. S. S. C. V.A. ALLE, HARDETALLY, M.D. 21940													
31. DATE FILED (Month, Day,	Year)	32. REOISTR		TUPLE	1	/4.	n	124	457	PRIOWN	MO		1140
DEC 0 7 1993 Juli Sanden Rudale													

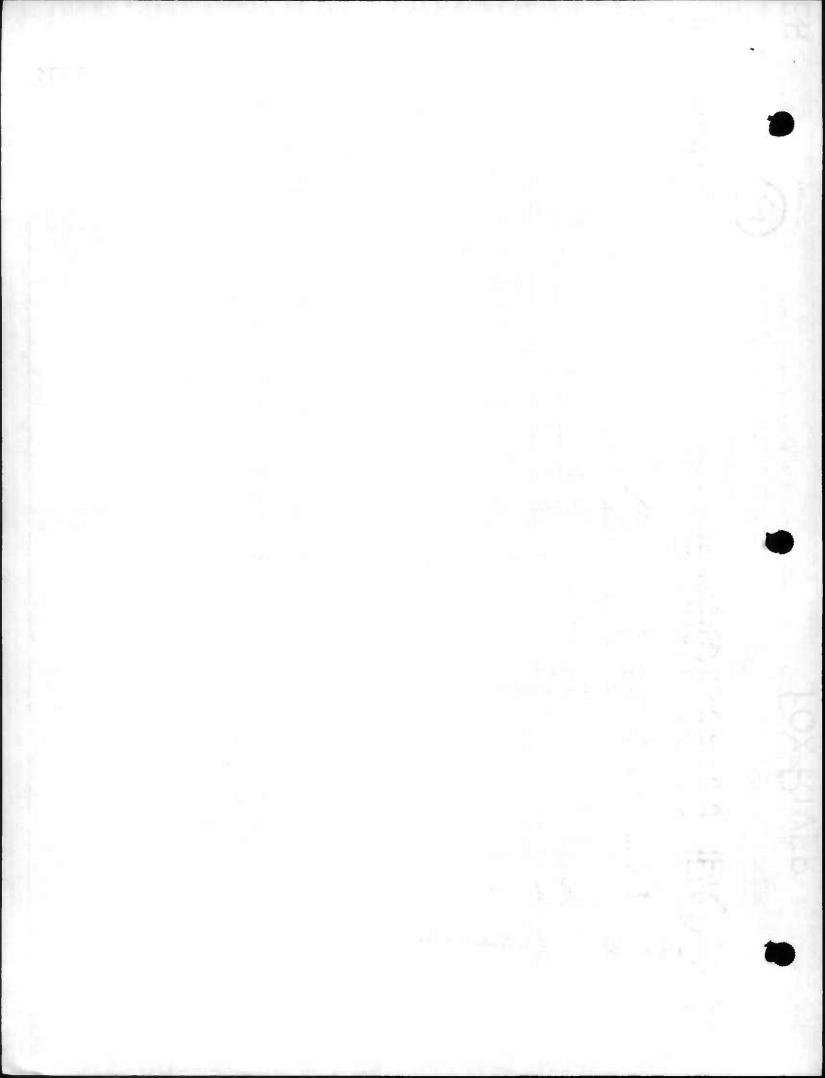
-LELS A.

1		0 1	101	1		2. DATE OF DEA		3. TIME OF DEATH
1		George Cdwg		ley, Jr.		12		3 12 24
A \ I		5 - 110-0-0 VALLOW	- /	MONTE	DER 1 YEAR IF UNDER 24 HI B DAYS HOURS MI	N. (Month, Day, Ye	er)	BIRTHPLACE (State or Foreig Country)
bluo		220-20-0521 9a. FACILITY NAME (If not institution, give stre	0.		TY, TOWN OR LOCATION O	May 13,	1928 M	aryland
1, 2, 3 should	DIRECTOR	FALLS TON GENT	1 ./	tal	Fallston	T DEATH	1 1	artord
\$		10a. STATE 10b. COUNTY Harf	ord		est Hill			10d. INSIDE CITY LIMITS? 1 YES 25 NO
34	ERAL	10a. STREET AND NUMBER	_		101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
1	罗	1905 Lincoln Road			21050		US	
the burier	BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 STYCES IF YES, GIVE WAR OR D. KOTEAN	2 ND	3. WAS DECENDENT OF HI If yee, specify Cuben, M 1 ☐ YES 2∑∑ÃNO S	exican, Puerto Rican, et		. RACE — American Indian, Black, White, etc. Specify: Black
# 5		15. DECEDENT'S EDUCA (Specify only highest grade or		18e. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND O	F BUSINESS/INDUS	
Į,	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOI use retire	1.)			
detached once.	ĕ	17. FATHER'S NAME (First, Middle, Last)	0	Civil Se			S. Gover	nment
0 00	_	The state of the state of	Can		100 - 111 - 10	S NAME (First, Middle, M		
	B	George E. Ridgley 19a. INFORMANT'S NAME (Type/Print)	, Sr.	19b. MAILING ADDR	SS (Street and Number or R	ie Ann War	field	del
be ne	오	Mrs. Idella E. Rido		1905 Lin	coln Road, 1	Forest Hil	l, Maryl	and 21050
		1 Donation 5 Other (Specify)		PLACE AND DATE OF DISI netery, crematory or other place PKLEY Ceme			c. LOCATION City	
		21. SIGNATURE OF FUNERAL SERVICE LICE			2. NAME AND ADDRESS O		arringto	n, Maryland
examiner		Nexitan Ar	V.1/100	1. shop!	Carring-Car	go Funeral	Home, P	.A.
		23. PART I. Enter the diseases, or con	mplications that caused	the death Do not an	Aberdeen, Ma	aryland 21	001-3399	. Approximate
ompretely miled in by the free condition, or remova event, the medical	į	shock, or heart failure. Li JIMMEDIATE CAUSE (Final disease or condition resulting in death) a.	at only one cause on e	ach line.	onary	avres	-	Interval Bett Onset and D
y, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ancin	one		
0 5	_	PART II. Other algnificant conditions	contributing to death b	ut not resulting in the	underlying cause giver		S AN AUTOPSY REORINED?	846. WERE AUTOPSY FIND MAILABLE PRIOR TO
Health ar	EDICAL						ES 2 NO	COMPLETION OF CALL OF DEATH?
r. of He	Σ						1	1 YES 2 NO
Dept.	SICIAN:	T WE CLOSE DESIGNATION TO						
State	S		HOSPITAL:	ОТН				
1 th	PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		OW INJURY OCCUR	ED
N N		1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?		OW INSON' OCCOM	EU
	COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, i			treet end Number or i State)	Rural Route Number,
hours after item 28 is	١٣	29a. CERTIFIER 1 CERTIFYING PHYSICH	AN: To the heat of my knowl	lados desth convend et th	alles determinations and	OTHER PROPERTY.	value a maje	-
Within 72 Within 72 ITANT: If	ğI	(Check only one) 2 MEDICAL EXAMINER:						nuse(s) and manner as state
MITAN	ă L	296. BIGNATURE AND TITLE OF CERTIFIER	7. X. 1	1	79c LICENSE		_	GNED (Month, Day, Year)
= € 8	<u>م</u> ا	() alletta (a alle	-M	15	3/704	10	410193
- 6 =	요	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)				11/11/

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687	San San San San San San San San San San
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AN APPRINCE TO SERVICE THE PARTY AND ALCOHOLOGY CONTRACTOR OF THE PARTY OF THE PART
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DEC 1 3 93

1 - STATE REGISTRAR		SIAIE UF I	MAKYLAN	CERTIF					MENIA	REG. NO				
1. DECEDENT'S NAME (Firs	t, Middle, Last)									OF DEATH	AY	YEAR	3. TIME OF	DEATH
AUGUST	MI	CHAEL	RA	SCHE					DEC			93	3=	30 a
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER			OF BIRTH		8. BIRTHP	LACE (State	or Foreign
215-24-03	341	1 🔀 M 2 🗌 F	9	3 YRS.	MONTHS	DAYS	HOURS	MIN.	JUN	E 18	1900	MA 1	RYLAN	VD.
9e. FACILITY NAME (If not i	nstitution, give s	street end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			9c. COUN			12
WESTMINST	PER MI	TRSING S	CON	V CTP	MES	т м т	MCT	סים			CAD	ROL		
RESIDENCE OF DE	CEDENT		X CON					DIV.		-	LAK	KUL		
10a. STATE	10b. COUNT	Υ		10c. CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE	
	CARI	ROLL		W	ESTN	INS	TER						YES :	2 NO
100. STREET AND NUMBER						10	f. ZIP COD	-			10g. CITIZ	EN OF WI	HAT COUNT	RY?
1234 WASH	HINGT	ON ROAD					21	157				USA		
10e. STREET AND NUMBER 1234 WASE 11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2)(10	13.	If yes, sp		n, Mexica	n, Puerto	i? (Specify Ye Rican, atc.)	e or No—	14. RACE Black, Specify	— American White, atc.	Indian,
3 🛚 Widowed 4 🗆 Div	orced						26.7				البعيج		CASIA	AN
	CEDENT'S EDU		16	Se. DECEDENT'S				na	16b	. KIND OF BL	ISINESS/INDU	USTRY		
Elementary/Secondary (College (1-4 or 5	+)	ilfa. Do NOT u	se retired.)									
8th				TEACH:	ER				A	UTO S	HOP/	MECH	HANIC	is.
17. FATHER'S NAME (First, I							18. MOT	HER'S NA	ME (First,	Middle, Maider	Sumame)			
AUGUST	CHI	RISTIAN		RASCH:	E		FRI	EIDE	ERIK	E		5	SPILE	KER
	Type/Print)			19b. MAILING	ADDRES	SS (Street	and Numbe	r or Rural	Floute Num	ber, City or Tox	vn, State, Zip	Code)		
WILLIAM F	R. RAS	SCHE		1207	HAF	PES	MILI	RC	AD	TANE	YTOW:	N. N	ID 21	787
20a. METHOD OF DISPOSI 1 M Burlel 2 ☐ Cremeti	TION			LACE AND DAT	E OF DISI	POSITION			DAT	E 20c. L	OCATION C	City or Tow	rn, State	
4 Donation 6 Othe		toval from State	_ of cert	• OLI	VE C	Place)	TER	7	112	/15 N	TT. A	TRV	MAR	YT.AN
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE	NG				ND ADDRE		CILITY	136 E	AST			
1 P	Par	()	1.			SKI	T.F.C	FIIN		L HOM				
23. PART I. Enter the	nev	es que	ay		1177.1540									oximate
IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentieity list condition if eny, leeding to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:	itions, edilete //ING	b	O (OR AS A CO	ONSEQUENCE O	OF): OF):	NAC	1 VA	SOL	R	DISE	ASE_			t and Death
		d											1	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH				not resulting	in the u	inderlyin	g cause	given In	Part i.	24a. WAS A PERFO 1 TYES	RMED?		WERE AUTOF AVAILABLE P COMPLETION OF DEATH? 1 YES 2	OF CAUSE
25. WAS CASE REFERRED	TO MEDICAL	<u> </u>				26. P	LACE OF I	DEATH (C)	neck only n	ne)				
EXAMINER?		HOSPITAL:			OTHE	R:								
1 YES 2 NO		1 Inpatient 2		ent 3 L DOA		_	JURY AT	esidence		er (Specify) SCRIBE HOW	W #15W 000	VIDEO.	_	
1 Natural 5	Pending investigation	28a. DATE Of (Month, i	Day, Year)		JURY M	W	ORK? YES 2	_ NO	200. DE	SCHIBE HOW	INJUHY OCC	OHEU		
9 Bulalda —	Could not be determined	26e. PLACE (building	OF INJURY — , etc. (Specify)	At home, ferm,	streat, fa	ctory, offi	ce		281, LOI City	CATION (Street or Town, State	and Number	or Rural R	oute Number,	
CONSULT OFFIN		SICIAN: To the best of												
2 ME		ER: On the beele of	• noltanimax	mazor investigat	on, in my	opinion,	uesti occi	med at the	time, dat	e end piece, (ma aue to th	e cause(s)	end menne	r su stated.
2900 SIGNATURE AND TITL	E OF CERTIFIE	- 1					29c. LIC	ENSE NU	MBER	_	100		(Month, Day,	
- when	ZK	ulo m					DZ	2-11	27		DE	EC.	13,	1993
ARTHUR L	. RUD		904	WASH	ING'	TON	ROA	D W	ESTM	INST	ER. M	MARY	LAND	
31. DATE FILED (Month, De	Year)	32 RECESTA	AR'S SIGN	HELDE										



TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR		STATE OF I	MARYLA	ND / CE	DEPART	MENT	OF H	DEAT	AND	MENTA	AL HYGIEN REG. NO			012	10
1. DECEDENT'S NAME (Firs	t, Middle, Last)	d			,					MON	E OF DEATH	AY	YEAR	3. TIME OF DE	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	vrs. Inst	hirthday)	IF UNDER	1 VEAR	IF UNDER	24 MDC	_	ember 2	2, 19		6:45	AM
062-22-3667		1 M 2 F				ONTHE	DAYS	HOURS	MIN.	(Mor	ith, Day, Year)	000	Count	(v)	
9s. FACILITY NAME (# not /	netitution also e		83			N. OUTY	TOMAN C				. 14, 1	_		nnesota	L
		_			Ι,		1115	R LOCATI	ON OF D	EATN		9c. COU	INTY OF D	EATN	
Montgomery		I Hospit	al				Olne	Ϋ́				Mor	itgom	ery	
10a. STATE	10b. COUNTY	,			10c. CITY,	TOWN C	OR LOCAT	ION		_			_	10d. INSIDE CI	TV
Maryland	Montg	omery			Silv									LIMITS?	
10e. STREET AND NUMBER							101	ZIP COD	Ε			10g. CIT	IZEN OF V	VHAT COUNTRY	?
3350 Glenea	gles D	rive						2090	6			Uni	ted	States	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO	IED D		If yes, sp	ENDENT Cubicify Cubic	n, Mexica	m, Puerlo	IN? (Specify Yes			E — American In k, Whits, etc.	dien,
15. DEC	CEDENT'S EDUC	CATION	12	6a. DEC	EDENT'S US	SUAL O	CCUPATIO	N		16	b. KIND OF BU	SINESS/INI	DUSTRY	WILLCC	
Elementary/Secondary (College (1-4 or 5	.)	Mo. E	e kind of wor Do NOT use	retired.)	dunng mo	st of workir	10						
		4		H	omema	ker					Own I	Home			
17. FATHER'S NAME (First, A	fiddle, Last)							18. MOTI	NER'S NA	ME (First,	Middle, Melden	Sumame)			
Henry J	ohnson								ephi			Calla	han		
19s. INFORMANT'S NAME (Type/Print)			19b.	MAILING A	ODRESS	(Street s	nd Number	or Rural	Route Nun	nber, City or Tow	n, State, Zij	D Code)		
Robert H. M		У		94	13 Re	ach	Roa	d, P	otor	nac,	Maryla				
20s. METHOD OF DISPOSIT 1 Denation 5 Other	on 3 🗆 Ramo	ovel from State	cemere	эгу, сгет	DDATE OF atory or other for Hea	r place)				93 OA		CATION -		wn, State ng, Mary	land
21. SIGNATURE OF FUNERA	DF	ition !	МО	0689	9	Ho:	me/R enue	ockv	ille kvil	lle,	obert nc. 300 Marylan	A. Pu Wes	umphi t Mo	rey Fun	eral
IMMEDIATE CAUSE IT I disease or condition resulting in death)	acit lanute.	a. OUE TO	se on aec	n sine.	\circ 1	enter	the mod	de of dy	ng, suc	h as cer	rdlec or resp	iratory an	rest,		mate Between nd Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry		(OR AS A C	()	COU K	21_		ae		5 W				
PART II. Other significa	ion,	contributing to	, Ok	21	Sulting in		-	cause (jiven in	Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	F CAUSE
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				THER		ACE OF D	EATH (Ch	eck only o	rne)				
1 TES 2 NO		1 / Inpatient 2	ER/Outpati	ent 3				5 🗆 Re	eldence	8 🗆 Oth	er (Specify)				
1 Natural 5 Accident	Pending Investigation	28e. DATE OF (Month, D			28b. TIME (28c. INJU WOI 1 Y] NO	28d. DE	SCRIBE HOW I	NJURY OC	CUREO		
3 Suicide 6	Could not be determined	28e. PLACE Of building,	F INJURY — etc. (Specify)	At hom	e, term, stre	et, facto	ory, office			28t, LOG	CATION (Street a or Town, State)	and Number	or Rural R	loute Number,	
198. CERTIFIER	PIEWING BUILDING					7.7									

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

whia Davidson Randall

10401

32. REGISTRAR'S SIGNATURE

7

199

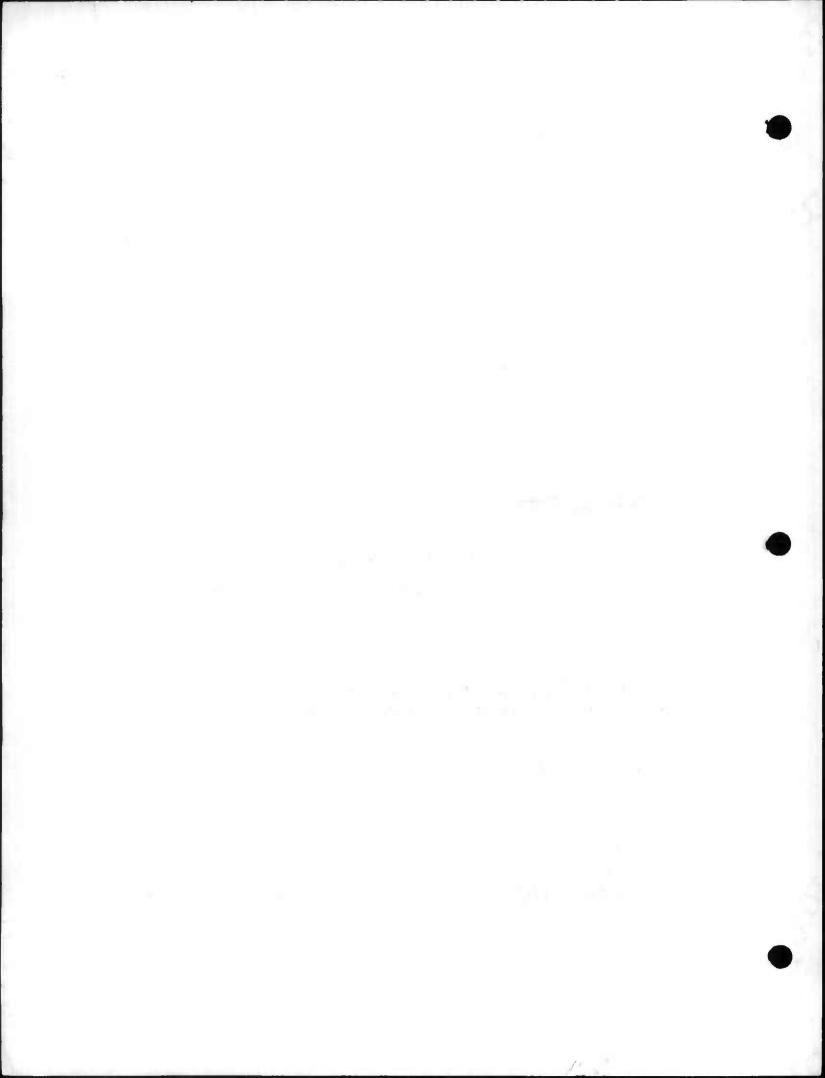
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29d. DATE SIGNED (Nonth, Day, 12

Old Georgetown Road #204, Bethesda, Maryland 20814-1911



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BALTIMORE, MARYLAND 21215-0020	73	P	
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DS, P.O. BOX 68760,	9	9	d Mental Hygiene prior to burial, cremation, or removal.
	the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	y the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	9

	1 - STATE REGISTRAR 1. DECEDENT'S HAME (First, Middle,	Last)		CERTIF	ICATE O	HEALTH AND F DEATH	2. DATE O	REG. NO		3 37274
	LARC	& ICK					12			13 0 5100 A
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In y	rs. last birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)			BIRTHPLACE (State or Foreign Country)
1000	213-42-9229 So. FACILITY NAME (If not institution,			49 YRS.	AL 0/74 YOUR	100100100100100	Aug.	27,		Maryland
JOB .	Shady Grove Ad	ventist Hos	spital		80. CITY, TOWN OR LOCATION OF DEATH Rockville Montgome					
No.		DUNTY		10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY
H	Maryland Mon	ntgomery		Gaithersburg						1 YES 2 NO
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	H OF WHAT COUNTRY?
E	1 Teaneck Court					20878			U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IH U.: 1 YES 2 WAR OR DATE:	2 XNO	If yes,	ECENDENT OF HISPA apecify Cuban, Mexic ES 2 NO Speci	en, Puerto Ric			RACE — American Indian, Black, White, atc. Specify: White
ETED	15. DECEDENT'S		16	a. DECEDENT'S	DENT'S USUAL OCCUPATION tind of work done during most of working			KIHD OF BU	SINESS/INDU	
핔	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 8	(+)	life. Do NOT us	IIIe. Do NOT use retired.)					
COMPL	7			Self em	ployed		Landscaper			
8	17. FATHER'S HAME (First, Middle, La					18. MOTHER'S H	HAME (First, Middle, Melden Surname)			
BE	Ernest Calvin					Margare			Mile	
9	19a. INFORMANT'S HAME (Type/Print					t and Number or Rural				
Haust be	Roy Ricketts		1000		144 Wilkins Drive, Winchester, VA 22602 EAND DATE 20c. LOCATION - City or Town, Str.					
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3		20b. PL.	y, crematory or o	of disposition (ther place) Cemete	Name of	DATE			
	4 Donation 5 Other (Specify, 21, SIGNATURE OF FUNERAL SERVI		TOT	est var	L22 NAME	AND ADDRESS OF FA	ACILITY D.	Ga	Itners	burg, MD
	23. PART I. Enfer the dispessor	de			10 Ea	ast Deer hersburg,	Park 1	Drive 0877		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CO	MISEQUENCE OF	F):	ionus (Exte	nsiv	د)	8 minul
hows any Injury. MEDICAL C	PART II. Other significant con	ditions contributing to	o death but (not reaulting	In the underly	ing cause given in		Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b		24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 DANO	HOSPITAL:			OTHER:	PLACE OF DEATH (C				
HYS	27. MANNER OF DEATH	1,25-Inpatient 2		nt 3 DOA		ome 5 Residence			HJURY OCCU	DED.
0	1 Natural 5 Pending	(Month, I	Day, Year)	INJ	IURY 1	WORK?	284. 0250	ANDE NOW	INJUNT OCCU	RED
ED BY	2 Accident Investige 3 Suicide 6 Could n 4 Homicide determine	28e. PLACE (OF INJURY — . j, etc. (Specify)	At home, ferm,	street, factory, of		261. LOCAT	TION (Street Town, State	end Number or	Rurel Route Number,
BE COMPLET	one)					, death occured at the 29c. LICEHSE HU	1lme, date e	end place, e	nd due to the	couse(e) and manner as stated. SIGNED (Month, Day, Year)
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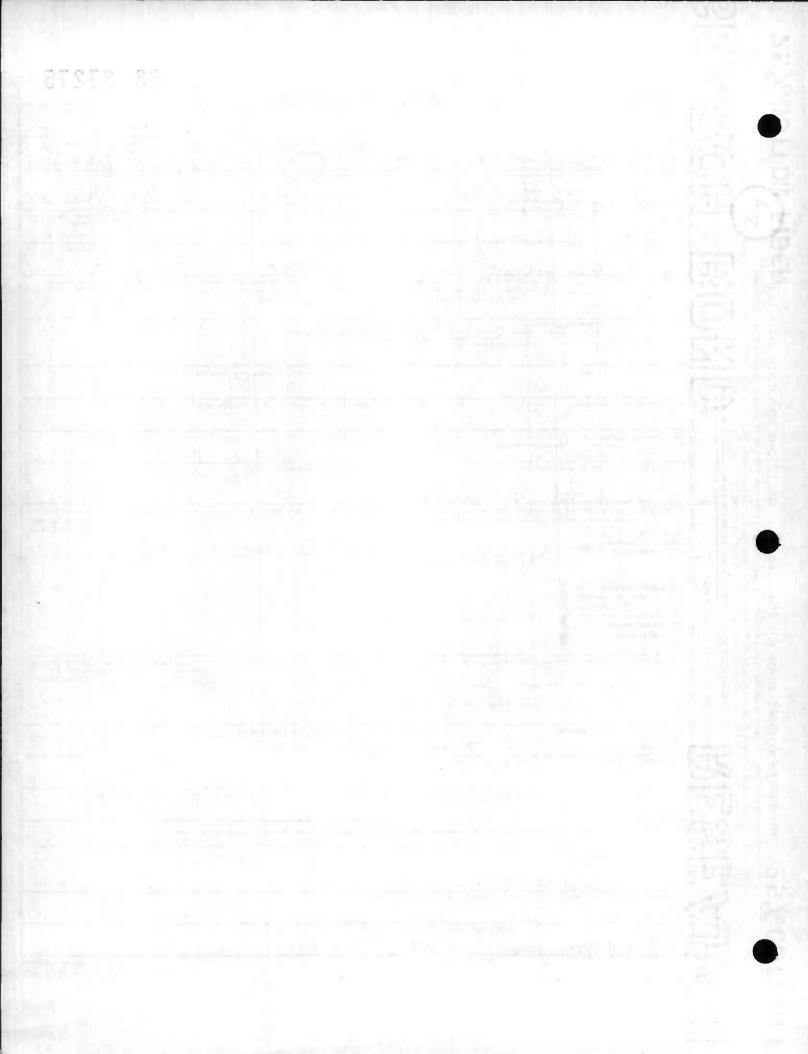
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	유	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diswithin 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, crentation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ALFRED RENNER RICE, SR. 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. =28 8165 1 M 2 | F 00 70 Se. FACILITY NAME /// not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOLY Cros monta DIRECTOR Spring omer 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Spring SILVER 1 -YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 USA 2503 mason eet 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 💢 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 3 Married BY 3 Widowed 4 Divorced WHITE WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 6+) AUTOMOTIVE REPAIRMAN AUTOMOTIVE REPAIR 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) HAROLD DECATUR RICE, SR. ETHEL RENNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2503 MASON STREET, WHEATON, MD 20902 MARIAN K. RICE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City of Town, State OATE METROPOLITAN CREMATORY ALEXANDRIA, VA 12/2 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901 avio 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata intervai Betwe shock, or hasrt failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) with metastases DUE TO (OR AS A CONSEQUENCE OF): month CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? contributing to death but not resulting in the underly MEDICAL 24s, WAII AN AUTOPSY PERFORMED? estina YES 2 D'NO 1 YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 ∰/Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 1 YES 2 WNO ig Home \$ [] Residence \$ [] Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 286. TIME OF BUJURY 1 D Natural 1 YES 2 NO BY 2 Accident PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Flouts Number City or Xsen, State) 3 🔲 Suicide 8 Could not be COMPLETED 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated. SIGNATURE AND TITLE/OF CER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 3 9 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1906 32. REGISTRAR'S SIGNATURE

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36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		01 00	11							
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BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit.

MENDETALLY INTERESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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xurs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached removal.	redical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The !aw requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deut, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE	NE	3 31211
	1. DECEOENT'S NAME (First, Middle, Last) ROBERT	S. RHOAL	ES			2. DATE OF DEATH MONTH DECEMBER	DAY YE	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.8	IRTHPLACE (State or Foreign
	577-28-4620 9s. FACILITY NAME (If not institution, give str		1 YRS.	DAYS	HOURS MIN.	(Month, Day, Year) NOV. 8,		ORTH CAROLINA OF DEATH
TOR	1809 BRISBANE	STREET		SILVE	R SPRING	3	MONT	GOMERY
DIRECTOR	10a. STATE 10b. COUNTY	TGOMERY		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
	MARYLAND MON 100. STREET AND NUMBER	IGOMERI	1 21		SPRING ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	1809 BRISBANE	STREET			200	902	US	: Δ
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spe	ENGENT OF HISPAN	IIC ORIGIN? (Specify)	fes or No→ 14.	RACE — American Indian, Black, White, etc. Specify:
	16. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	SUAL OCCUPATION	ON .	16b, KIND OF B	USINESS/INDUST	WHITE
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world iffe. Do NOT use :	rk done during mo	st of working	TV SE		
ME	17. FATHER'S NAME (First, Middle, Last)		MANAGER		18 MOTHED'S NA	ME (First, Middle, Maid		
	EDWARD	RHOADES			GLADYS		CKNER	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e		Route Number, City or 1		(e)
5	MARY M. RHOADES		1809 BR	RISBANE	STREET,	SILVER	SPRING,	MD 20902
	20a. METHOD OF DISPOSITION 1 General Burlel 2 Comments 3 General 4 Donation 6 General Other (Specify)	ovel from State	b. PLACE AND DATE C cemetary, crematory of IETROPOLIT	other place)			LOCATION — City EXANDRIA	
	21. BIGNATURE OF FUNERAL SERVICE LICE		ILIKOI OLI I	22. NAME AN	ID ADDRESS OF FA	CILITY		
	*/Tobert &	Mams	ey	FRANCI 500 UN	IS J. COI	LLINS FUNI	ERAL HOM	SP., MD 2090
	23. PART I. Enter the diseases, or c shock, or heart failure. I			t enter the mo	de of dying, suc	h ss cardisc or rea	spiratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	3	0					Onset and Death
	disease or condition resulting in death)	·	E MYELOMA	1			-1	4 YRS.
		DUE TO JOR AS	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):					
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):					
FR	resulting in desth) LAST	d						
	PART II. Other significant conditions	e contributing to death i	out not resulting in	the underlying	a ceuse alven in	Part I 24a WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
CAL	PART II. Other aignificant conditions	e contributing to death t	out not resulting in	the didentying	g ceuse given in	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	2 🗌 NO	OF DEATH?
Σ.						7		1 1E9 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	e 5 XResidenca	6 Other (Specify)	1170	
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WC	URY AT ORK? YES 2 NO	26d. DESCRIBE HO	W INJURY OCCUR	ED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		set, factory, offic	•	28f. LOCATION (Stree City or Town, Str	et and Number or F	lural Route Number,
E	29a, CERTIFIER						2000	
COMPLETED	(Check only	CIAN: To the best of my know						use(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mp			29c. LIGENSE NU			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	,	EATH (ITEM 27) (Type, 1	Ferrara	^	Wheat		20906
	Teter Sherer 31. DATE FILED (Month, Day, Year)	9 32. REGISTRAR'S SIGN	NATURE	1611010	ΨI	vorteur	un, ma	~0706
J)	DEC 0 8 1993	Judia Davidson-D	fandell					

n - o g n g n g

AND 21215-0020	the hospital or attending physician.	detached for use as the burial-transit permit. Pages	once.
0, BALTIMORE, MARYLAND 21215-0020	vithin 24 hours after death. Page 6 may be retained by	oletely filled in by the funeral director, page 5 should be remation, or removal.	ent, the medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this center be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

DEC 0 8 1993

SULLIVAN,

II, MC, USNR

Like Daydson-Willed

- REGISTRAR		CE	RTIF	ICATE OF	DEATH	BEG	. NO.		
1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF OEA	тн		3. TIME OF CEATH
LL	OYD DEE F	RUTH				DEC 2	1993	YEAR	7:45 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		A. BIRTHE	PLACE (State or Foreign
463-09-4434	1 🔯 M 2 🗆 F	7.0	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye		Country)
9s. FACILITY NAME (If not institution, give si	treet and number)	76	-	9b. CITY, TOWN	OR LOCATION OF E	I MAR 15		I OKI	AHOMA
NATIONAL NAVA	I. MEDICAL	CENTER			THESDA			NTGON	
RESIDENCE OF DECEDENT	d Hebioni	CENTER		DL	ITIESDA		MO	MIGOR	IERI
10a, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
VIRGINIA FA	IRFAX			FALLS	CHURCH				1 YES 2 NO
10s. STREET AND NUMBER				1	Of. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?
6528 JAY MILLER	DRIVE				220	41		UNITE	ED STATES
11. MARITAL STATUS		EVER IN U.S. ARMI		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No-	14 RACE	- American Indian
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W				pecify Cuban, Maxic S 2 XIO Spec		c.)	Specify	White, etc.
3 M wigoweg 4 Divolced	1940	- 1968							WHITE
15. DECEDENT'S EOUG (Specify only highest grade	CATION completed)	16a. DECE	EDENT'S	USUAL OCCUPAT	ION post of working	16b. KIND 0	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	Ha /	NOT us	se retired.)					
	5+		U.S	, NAVY		DEFE	NSE		
17. FATHER'S NAME (First, Middle, Last)					te. MOTHER'S N	AME (First, Middle, M	laiden Sumame)		
DEE RUTH					To Tank	SALI	LY UNK	NOWN	
19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (Street	and Number or Rura	Route Number, City	or Town, State, Zi	p Code)	
LLOYD D. RUTH.JR		7	43	BLUFF S	TREET, G	LENCOE.	IL 6002	2	
20a. METHOD OF DISPOSITION 1	and town State	20b. PLACE AN	DDATE	OF DISPOSITION (lame of		c. LOCATION -		rn, State
4 Donation 5 D-Other (Specify)	DAMI (LOW 2000)	NO VIR	GINI	A CREMA	TORY	12/7/93	ARLING	GTON,	VIRIGNIA
21. SIGNATURE OF FONERAL SERVICE LIC	endee	-		22. NAME	URPHY FU	WHENT HO	ME TNO	7	
1/2 V	111.	//			510 WILS				202
23. PART I. Enter the disease, or cahock, or weart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one call	OCARDIAL OR AS A CONSEQU	INI	FARCTION		on an Cardiac Or			Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOU	ENCE OF	F):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF	F):					
PART ii. Other aignificant condition	contribution to	death but not rea	ultina i	n the underlyi	a anua atuan t	Post I law we			WERE AUTOPSY FINDINGS
	•				ig sauss given in	PE	AS AN AUTOPSY ERFORMED? ES 2 \(\text{NO}\)		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									- C T M no
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. 1	LACE OF OEATH (C	heck only one)			
1 TYES 2 THE NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	me 5 🗆 Residenca	8 Other (Specific	4		
27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIM		JURY AT	26d. DESCRIBE H		CURED	
1 Natural 5 Pending	(Month, Da	y, Year)	INJ	URY	ORK? YES 2 NO				
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At home	, term, r			281. LOCATION (S	Irmat and Numba	e or Primi Po	esta Alexandras
4 Homicide 6 Could not be	building, e	rtc. (Specify)		, , , , , , , , , , , , , , , , , , , ,		City or Town,	Stete)	COL HOTEL NO	ore resmon,
29a. CERTIFIER									
(Check only X CERTIFYING PHYSIC									
2 MEDICAL EXAMINE		end/or Inv	water gatto	n, in my opinion,	geeth occured at the	time, dete and place	ce, and due to ti	he ceuse(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	01 -	A -			29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)
noul M Su	llevan	17 10				(HI)		12-0	13-93
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM 2	27) (Type,	Print)	NATIONA	L NAVAL	MEDICA	L CEN	TER

BETHESDA MD 20889-5600

appar se

ų. T

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1. DECEDENT'S NAME (First, Middle, La Alek Sai	1	eznu	K		2. DATE OF DEATH	BAY C	3. TIME OF DEATH
	4. BOCIAL SECURITY NUMBER 2/88/12/336 9a. FACILITY JAME (If not institution, gir	8. SEX 6. A	GE (In yrs. lest birth	day) IF UNDER 1 Y	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-15-	19/8	BIRTHPLACE (State or Foreign Country)
стов	WASHINGTON AL	OVENTIST HOSE	PITAL		OWN OR LOCATION OF D	EATH	-	Y OF DEATH GOMERY
DIRE	MARYLAND 106. COU		200	SILVE	LOCATION R SPRING			10d. INSIDE CITY LIMITS? 1X YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 11700 OLD COLUM	MBIA PIKE			101. ZIP CODE 2090			SSIA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, OIVE WAR O	ES 2 NO	If y	B DECENDENT OF HISPA es, epecify Cuban, Mexico YES 2 NO Specific	n, Puerto Rican, atc.)	es or No— 14	RACE — American Indian, Black, Whits, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kir life. Do N	NT'S USUAL OCCI d of work done duri OT use retired.)	ng most of working	166. KIND OF B	USINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last) MALIK REZNIK				18. MOTHER'S NA	AME (First, Middle, Maide ETA (U	n Sumame))
TO BE	194. INFORMANT'S NAME (Type/Print) MICHAEL REZNIK	(SON)			treet and Number or Rural	Route Number, City or To	wn, State, Zip C	
TO BE	20 METHOD OF DISPOSITION ACABUSE 2 Compation 3 4 Denetion 5 deneration (Specify)			ATE OF DISPOSITION	ON (Name of	DATE 20c. L	OCATION — CH	ty or Town, State , MARYLAND
	21. SIGNATURE ON FUNERAL SERVICE	LIGENSEE		DANZ		BERG MEMO		HAPELS, INC. LE, MD. 20852
RTIFICATION	23. PART I. Enter the diseases, shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARSON DUE TO (OR A DUE TO (OR A C.	n each line.	on any ce on:				Interval Between Onset and Death
CERT	resulting in death) LAST	d						
MEDICAL	PART II. Other algoliticant condit	Iona contributing to deet	th but not result	ing in the unde	rlying cause given in		N AUTOPSY DRMED? 2 (1) NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C)	neck only one)		
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJUI	RY 28t	TIME OF 28	Home 5 Residence c. INJURY AT WORK? I YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
ED	3 Suicide 6 Could not 4 Homicide determined	28s. PLACE OF INJI building, atc. (5	URY — At home, fi Specify)	irm, street, factory	office	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
립		YSICIAN: To the best of my ki						csuse(e) and manner as stated.
BE	296 HIGHATURE AND TITLE OF CERTIF	Chare	in m.	۵.	29c, LICENSE NU D22862	MBER	29d. DATE 5	BIGNED (Month, Day, Year)
10	PICHARD L	Chasen	m.D.		o Caepoll	AUE TO	count	Park did.
	DEC 1 (0.1993	Julia Davidson	GNATURE GANGLES		A PAGE			7-1-7-1-7-3

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				EKIII	ICAL	E OF	DEAL	H	REG.	NO.		
1. DECEDENT'S NAME (F) STANLEY	rat, Middle, Last)	AN		ROMA	N				2. DATE OF DEATH MONTH DECEMBEI	DAY	YEAR 993	3. TIME OF DEATH 11:55AM M
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. Ia	si birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
577-40-773		1 🔀 M 2 🗆 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 27,	1931	MARY	YLAND
9a. FACILITY NAME (If no					9b. CITY	r, TOWN	OR LOCATIO	ON OF DE	EATH	9c. CO	OUNTY OF D	EATH
HOLY CRO		PITAL			- 2	SILV	ER S	PRIN	G	MO	ONTGO	MERY
RESIDENCE OF D				T								
MARYLAND	10b. COUNT	ONTGOMERY		10c, CIT	SIL ¹		SPRI	1G				10d. INSIDE CITY LIMITS? 1 YES 2 NO
HOLY CRO RESIDENCE OF D 10a. STATE MARYLAND 10b. STREET AND NUMBE #1 FUI 11. MARITAL STATUS 1. Never Married 2	HAM CO	URT				10	2090			10g. C		WHAT COUNTRY? ED STATES
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ENDENT Coocify Cube	n, Mexica	NIC ORIGIN? (Specifin, Puerto Ricen, etc.)	Yea or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
	ECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL C	CCUPATI	ON.	_	16b, KIND OF	BIJSINESS/II	MULISTRY	
15. D (Specify - Elementary/Secondary - 17. FATHER'S NAME (First, CATIT P.	only highest grade (0-12)	College (1-4 or 5 +	(5	OWN	work done se retired.)	during mo	st of workin	g	HAULI			
							18. MOTH	HER'S NA	ME (First, Middle, Me	iden Surname))	
100 DECOMANT'S NAME			19	b. MAILING	ADDRES	S (Street	ind Number	or Rural	Route Number, City or	Town, State, 2	Zip Code)	
JOAN RO								SIL	VER SPRI		100	
20a METHOD OF DISPOS 1 M Burlet 2 Creme 4 Donation 6 0	er (Speciff)		JUDEA					NS	1	OLNEY		
21, SIGNATURE OF FINE	BAL SERVICE LI	CHART	1				NSKY-			ORIAI	CHA	PELS. INC.
V	·V	and										MD. 20852
IMMEDIATE CAUSE (disease or condition resulting in death)	Finel -	-	PETIL OR AS A CONSE PETIL	POUENCE O	Ca	rd	10 W	7	pathy			Onset and Death
Sequentially list con- if any, leading to imr cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) Li	nediata LYING njury	DUE TO	OR AS A CONSE	QUENCE O	HF):	4,						
		d				7	_					
PART II. Other algorifi	cant condition	na contributing to	death but not	reaulting	in the u	ndarlyin	g cause g	jiven in	PE	S AN AUTOPS' FORMED? S 2X NO	Y 24b	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL											
EXAMINER?	- TO MEDICAL	HOSPITAL:			OTHE		LAUE OF D	EATH (Ch	eck only one)			
1 TYES 2X NO		1 🗆 Inpetient 2 🗆			4 🗆 Nu	raing Hon		eldence	6 Other (Specify)			
27, MANNER OF DEATH 1 Netural 5 (2 Accident	Pending Investigation	28a. DATE OF (Month, De		28b. TIN	ME OF JURY M	WC	URY AT PRK? YES 2	NO	28d. DESCRIBE H	OW INJURY O	CCURED	
3 Suicide 6	Could not be determined	28e. PLACE Of building,	F INJURY — At h atc. (Specify)	ome, farm,	street, fac	tory, offic	•		281. LOCATION (St City or Town, S	reet and Numb late)	per or Rural I	Route Number,
onel .		ICIAN: To the best of ER: On the basis of ax										a) end manner es stated.
29b. SIGNATURE AND TIT	LE OF CERTIFIE	n e	1/				29c. LICI	NSE NU	MBER	29d. D	ATE SIGNED	(Mofith, Day, Year)
1		7-5	50				02	5	808	•	14/7	103
30. NAME AND ADDRESS HERMAN B.						ENUE				PRING	MAR	YLAND 20902
31. DATE FILED (Month, D			R'S SIGNATURE			1.01	,, 50		JEZIER D	LILITO	, IMM	2220 20702
	000 /	/		-								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

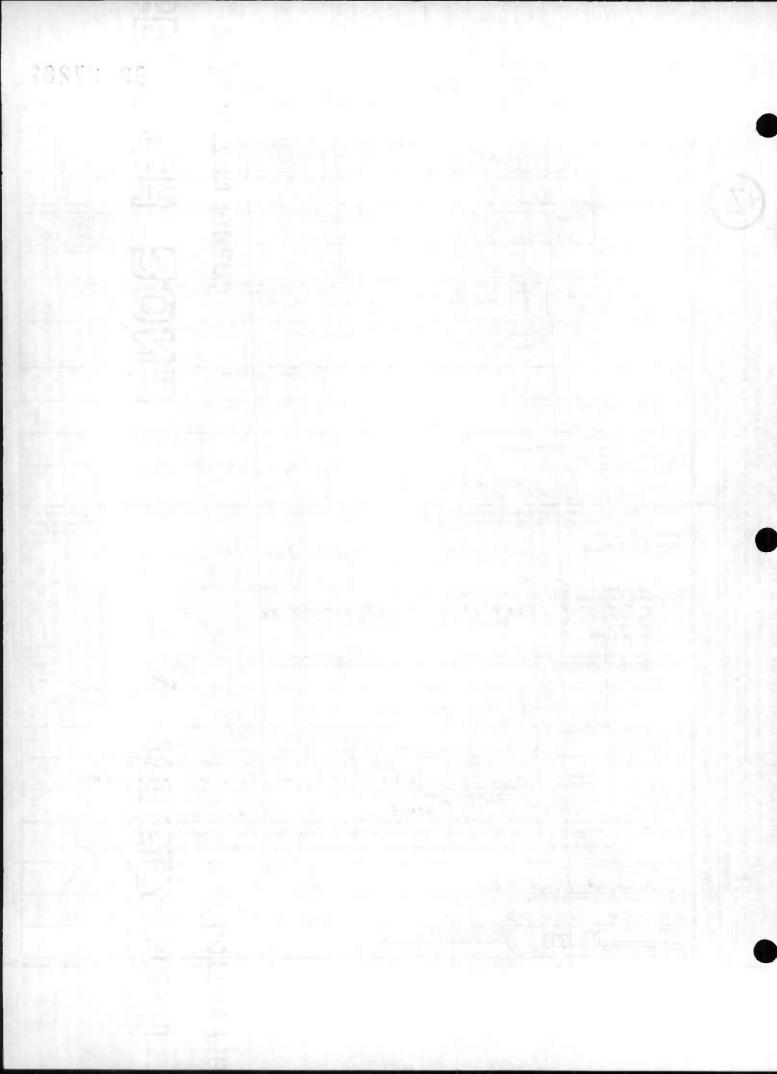
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH	MENTAL HYG		3	31201
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3.	TIME OF DEATH
		WILLIAM	TREADWELL		STONE		December		3	911
~~~		4. SOCIAL SECURITY NUMBER 577-50-5058	1 D M 2 D E	yra. lest birthday) 9.4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	ar)	Country)	ACE (State or Foreign
(7)		Se. FACILITY NAME (If not institution, give st		7-1	9b. CITY, TOWN C	OR LOCATION OF O	1	9c. COUNT		
(4)	ÈCTOR	2661 Greenbrian	Lane		Anı	napolis		Anne	Arun	del
9	DIRE	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?
Amit.	AL DI	Manyland Anne 10. STREET AND NUMBER	Arundel		Annapo.	LIS ZIP CODE		10g. CITIZE		T COUNTRY?
n. Snsit	E	2661 Greenbrian	lano			21401		Unite	d St	atos
020 physician. burlal-transit	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	J.S. ARMED	13. WAS DEC	ENCENT OF HISPA	NIC ORIGIN? (Speci	y Yee or No- 14	. RACE -	American Indian,
	ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 V YES IF YES, GIVE WITH OR DAT			2 NO Speci	en, Puerto Ricen, et ly:	i.)	Black, W Specify:	
215-0 attending se as the	8	15. DECEDENT'S EDUC	Not Availa							White
5	1	(Specify only highest grade	completed)		USUAL OCCUPATION Work done during mode metired.)		18b. KIND O	F BUSINESS/INDUS	TRY	
ND 2 hospital ached fo	7	Elementary/sectionary (0-12)	College (1-4 or 5 +)		Editor			Tourseal	4 100	
YLAND 2- by the hospital of be detached for at once.	COMPLET	17, FATHER'S NAME (First, Mickle, Last)	4		011.07	18. MOTHER'S NA	ME (First, Middle, M	<u>Journali</u>	SM	
	BE C	Henhent	1	Stone		Rede		Gilch	mist	
MAR: retained to 5 should notified	0 8	the INFORMANT'S NAME (Type/Print)			ADDRESS (Street a		Route Number, City of			
E, My be ret	۴	William W St	ane	2661	Greenbri	ar lane.	Annapol	is Mary	Rand	21401
		20s. METHOD OF DISPOSITION 1  Burtel 2 Commetten 3 Pame	wal from State		OF DISPOSITION (Na.			LOCATION - CH		
MOR ge 6 ma firector, p		4 Donation \$\infty Other (Specify)		Fort Liv	icaln Cri	ematoru	12/4	Brentwoo	d. M	aruland
ALTIM death. Page funeral direc 		21. BIGNATURE OF FUNERAL SERVICE LAC	ENGEL /		22. NAME AN	ID ADDRESS OF FA	CILITY			
0 = 0		May 1	(4) Junder		06 G0	MILADA TOH	C+ An	nanalis	Md	147 Duke 21401
S 5 5 8		23. PART i. Enter the disesses, or constant	omplications that caused t	the desth. Do n	ot enter the mo	de of dying, suc	h ss cerdiac or i	espiratory srres	t,	Approximata
Hed in t		IMMEDIATE CAUSE (Final	Liet only one cause on esc	n line.						Onset and Desth
760, ed within 25 ompletely fille il, cremation, event, the		disesse or condition resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	Lux					z rein.
B 5 - 5	NO	Sequentially list conditions,	Junaly DUE TO (OR AS A C	'nd cen	terlosch	more				18 yrs
O X O	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH AS A V	DHIM OUT OF	·j:					
O. B ertificate ing phys giene p	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7):					
G. the bud	E	resulting in death) LAST	l							
DS, the deat by the att of Menta injury,		PART II. Other significent conditions	contributing to death but	not resulting i	n the underlying	cause alves in	Dort I Dr. um	0 AN ALPRODOV		
Z 5 4 5 7	CAL		To a country to good but	not resulting t	ii tile unuerrying	cause given in	PE	S AN AUTOPSY RFORMEO?	AWA	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE
RECOR requires that been signed by . of Health an shows any	MEDIC						1 🗆 Y	S 2 NO	OF	DEATH?
~ 0	≥								1 [	YES 2 MO
TAL I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	17-2		28. PL	ACE OF DEATH (Ch	eck only one)			
F VITA SICIAN: The certificate h the State [ , or item	Sic	EXAMINER?  1  YES 2  NO	HOSPITAL: 1   Inpetient 2   ER/Outpet	lent 3 🗆 DOA	OTHER:		6 C Other (Specify			
IISION OF VITAL ATENDING PHYSICIAN: The law CODR: After this certificate has after death with the State Dep 28 is marked, or Item 23	РНУ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIMI	OF 28c. INJU	JRY AT		OW INJURY OCCUP	RED	_
	BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		ES 2 NO				
ON ATTENDING PORTECTOR: After hours after death item 28 is mar		3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, s	treet, factory, office			reet and Number or	Rural Route	Number,
VISI ATTEN ECTOR: 5 after n 28 i		4 Homicide determined		,			City or Town, S	starro)		
DIV L OR A DIRECT Hours	2	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beet of my knowled	lge, death occurre	d at the time, data	and place, end due	to the cause(e) end	menner se stated.	$\overline{}$	
HOSPITAL FUNERAL WITHIN 72	COMPLET	2 MEDICAL EXAMINER	t: On the basis of examination of						ause(e) end	d manner se stated,
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	B	29b. SIGNATURE AND TITLE OF CERTIFIER	Melden	Lun	>	29c, LICENSE NUI	WBER 29	29d, DATE S	1 - 1 -	nth, Day, Year)
E E & E	2	38, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT			,			*	13
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	LIDE	1407 F	orest	Dr. F	Innapo	olis	imp.
		DEC 07 1993	Julia Davidson-Ro	ndell						

NEW TOTAL CONTRACTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Against after this certificate has been signed by the attending physician and completely filled in by the Price for the filled within 72 hours after death with the State Dept. of Health and Mential Hygiele prior to bunda, centration, or removal		s after	by the	emoval	
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	1 - STATE REGISTRAR		CERT	IFICATE	OF DEA	TH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CNOUDEDO					2. DATE OF E	DAY	, YEAR	3. TIME OF OE	
	RHODA I.	SNOWBERGI					- /	30	93	12:22	P
	182-32-4848	1 □ M 2 💢 F	GE (In yrs. lest birth	MONTHS	DAYS HOURS	MIN.	7. DATE OF B	/1901	Cour	INPLACE (State or nerv)  CY TWP.	
DIRECTOR	9a. FACILITY NAME (If not institution, give s  Washington Coun				rstown	ION OF DI	EATN		county of Vashing		
EC	10s. STATE 10b. COUNT	,	10c	CITY, TOWN O	R LOCATION					10d. INSIDE CI	TY
	PA Fran	klin	W	aynesbo			1111			LIMITS?	_
FUNERAL	36 South Potoma	c Street			101. ZIP COO	268		10	g. CITIZEN OF US	WHAT COUNTRY	
B⊀	11. MARITAL STATUS 1 💢 Never Married 2 🗌 Married 3 🗎 Widowed 4 🗍 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO	11	MS DECENDENT ( yes, specify Cube  YES 2 NO	en, Mexica	n, Puarto Rican		Bio	CE — American Inck, Whita, atc.  White	dian,
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give Idn	NT'S USUAL OC d of work done d OT use relired.)	CUPATION uring most of worki	ng	16b. KIN	D OF BUSINE	SS/INDUSTRY		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Home	maker	10 1007	WED'S NA	OWT	Home			
ш	John Stover Sno	wberger					ME (First, Middle Monn	s, walden Surn	erne)		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAJ	LING ADDRESS	(Street and Numbe			aty or Town, St	ete, Zip Code)	3-1-	
-	D. Jean Hartle		114	08 Long	g View D	)R.,	Hagers	town,	MD 21	740	
	30a. METNOD OF DISPOSITION XX Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cometery, cremeton Green H				3rd		on - city or the sboro	Town, State , PA 172	268
	21. SIGNATURE OF FUNERAL SERVICE LIC	James G. K	Sowlersay		S. Bro					Home, In	nc.
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PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF C	DEATH (Ch	eck only one)				
Sic	EXAMINER?  1 VES 2 NO	HOSPITAL:	Outpatient 3 🗆 DO	OTHER				ecify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	n.cl		28c. INJURY AT WORK?		28d. DESCRIE	BE NOW INJUI	RUCK 1	4EAD	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined		URY — At home, fa	rm, street, fecto	ry, office			N (Street and Awn, State) 36	, ,	MAC S1.	
COMPLET	onel	CIAN: To the best of my ki					to the cause(a	) and manner		(a) and manner as	stated
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES  JUNE 201  30. NAME AND ADDRESS OF PERSONNEL	WM.D.	DEATH (ITEM 27)	Chena Printi	-	196		29	d. DATE SIGNE	30 -93	r)
	EDWARD BYR)	MD /11	10 MA	DICAL	CAMPU	15	RJ. A	HAGER	2570W	N MD	,
	11-30 43 0 3 199	32. REGISTRAN'S S	when Rand	incl							



		FOR
1	-	STATE
		REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (FIRM)	(MICCIN, LIBS!)	Jack: W	oodwar	d SUFFE	COOL		2. DATE OF I	DEATH	XEAR	3. TIM	E OF DEATH	
	1	cu	· De		Cool			12	4	93		1,7	
	4. SOCIAL SECURITY NUMB 220-28-3064		5. SEX 1 1 M 2 F			MONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, De July	18,1931	Cour		(State or Fore	ign
FOR	Washington	Count		al			or location of d	EATH		ounty of ashin		n	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	ington		200	TOWN OR LOCA					U	ISIDE CITY	
FUNERAL C	100. STREET AND NUMBER 538 West Ch			-	i i d		21740		10g. (	CITIZEN OF	WHAT C	YES 2 N	0
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E CON	17. FATHER'S NAME (First, M. Raymond Vic		uffecool						estberg				
TO B	19a. INFORMANT'S NAME (7) Connie Spri						and Number or Rural				1740	)	
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b. PL cemeter	ACE AND DATE OF	F DISPOSITION (N	leme of	12-7	20c. LOCATION				
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BY PHYSICIAN: MEDICAL	shock, or himmediate cause (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS:  PART II. Other algnification in the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS:  PART II. 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DUE TO b. DUE TO c. 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P OTHER: 4   Nursing Hor OF   28c. IN WY M   1         reet, factory, office d, in my opinion,	Milson  ode of dying, suc  ing cause given in  PLACE OF DEATH (C)  The 5 G Residence  JURY AT  ORK?  YES 2 ND  ce  e and pleca, and due death occured at the	Blvd.  ch ea cerdlec  Part I. 24e  1 [  Deck only one)  6 □ Other (Sp  28d. DESCRIII  28f. LOCATIO City or To  a to the cause(a  o time, data and	a. WAS AN AUTOPPERFORMED?  VES 2 NO  NO (Street and Number)  On (Street and Number)  On (Street and number)  On (Street and number)  On and manner as a place, and due to	OCCURED or Rural stated.	AMR.A COMPLET OF DEAT 1 Y	AUTOPSY FIN BLE FINOR TILE ATTH?  "ES 2 No.	Division of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26. PLACE OF DEATH (Check only one)

29c, LICENSE NUMBER

12-0595 DU8875

Hagerstown, Maryland

Home 5 - Residence 6 - Other (Specify)

26d. DESCRIBE NOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

12-4-9-3

OTHER:

28c. INJURY AT WORK?

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

1 YES 2 NO

28b. TIME OF

28e. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify)

1198 Kenly Avenue

29a. CERTIFIER (Check only one)

The Certifier (Check only one)

The Certifier (Check only one)

The Certifier (Check only one)

The Certifier (Check only one)

The Certifier (Check only one)

93 37284

Approximate Interval Between **Onset and Death** 

		1. DECEDENT'S NAME (First, Henry Edw	Middle, Last)	Siarkows	ski.					2. DATE OF DEA MONTH	TH DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		5. SEX 1 X M 2 T F	6. AGE (In yrs	last birthday)	IF UNDER 1	YEAR IF I	NDER 24 HRS.	7. DATE OF BIRT	, 1919	8. BIRTH	PLACE (State or Foreign
07	TOR	90. FACILITY NAME (# not in: Washington	Cou		ospital			gersto	CATION OF I		9c. COI	INTY OF D AShin	EATH
4	DIRECTOR	Maryland	10b. COUNTY	shington			y, town of gerst						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
n. ansit permit	VERAL	13334 Herma	ın Myei	s Road				101. ZIP. 217				SA	WHAT COUNTRY?
21215-0020 If or attending physician. For use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO WW 2	11	yes, specify		ANIC ORIGIN? (Spectan, Puerto Rican, el		14. RACE Black Speci	E — American Indian, k, White, alc.
	COMPLETED	15. DEC (Specify only Elementary/Secondary (0 8 Years	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u.	vork done du ne retired.)	ring most of			elf em		er
MARYLAND retained by the hospit 5 should be detached motified at once.	BE CON	17. FATNER'S NAME (FIRST, MI Alexander		d Siarko	owski				мотнея з н Helen	Anna ]	telden Sumame) Plowski		
, MARYL be retained by the 5 should be	TO B	19a. INFORMANT'S NAME (7) Norma A		rkowski		196. MAILING				n Aouto Number, City Dad Hage			ryland 21742
MORE, e 6 may by rector, page		20a. METHOD OF DISPOSITI 1 N Burlal 2 □ Crematio 4 □ Donation 5 □ Other	n 3 🗆 Reme	oval from Stata		CE AND DATE				1	agersto		Mary Land
BALTIMORE, ber death. Page 6 may be the funeral director, page mail.		21, SIGNATURE OF FUNERAL	SERVICE LIC	Minu	ich			ald N eral	Min Horne				ac Street Maryland
d in t		23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	esrt fallure.	List only one cau	use on eech	line.	pril		dying, au	ch as cardiac or	reapiratory a	rrest,	Approximate Interval Between Onset and Death
DS, P.O. BOX 68760. The death certificate be executed within the attending physician and completely different Hygeine prior to burial, crema injury, or other traumatic event,	CERTIFICATION	Sequentially list conditi if any, leading to immedicause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS'	diate NG ry	bDUE TO	OR AS A CON	SEQUENCE O	<b>آ</b> ):						
RECORDS, P.O. BOX 68760. requires that the death certificate be executed within open signed by the attending physician and completely files. of Health and Mental Hygiene prior to burial, coemation, shows any injury, or other traumatic event, the	MEDICAL CER	PART II. Other algorifica	nt condition	s contributing to	death but no slow	ot resulting	in the und	erlying car	se given li	PI	AS AN AUTOPSY ERFORMED? 'ES 2 NO	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

HOSPITAL:
1 % Inpetient 2 - ER/Outpetient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTION: After this certificate has be fied within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23

PHYSICIAN

BY

COMPLETED

BE

0

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

29b. SIGNATURE AND TITLE OF CERTIFIER

William G. Plavcan

31. DATE FILED (Month, Day, Year)

8 Could not be determined

William In Thyron

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1 YES 2 NO

27. MANNER OF DEATH

1 Netural

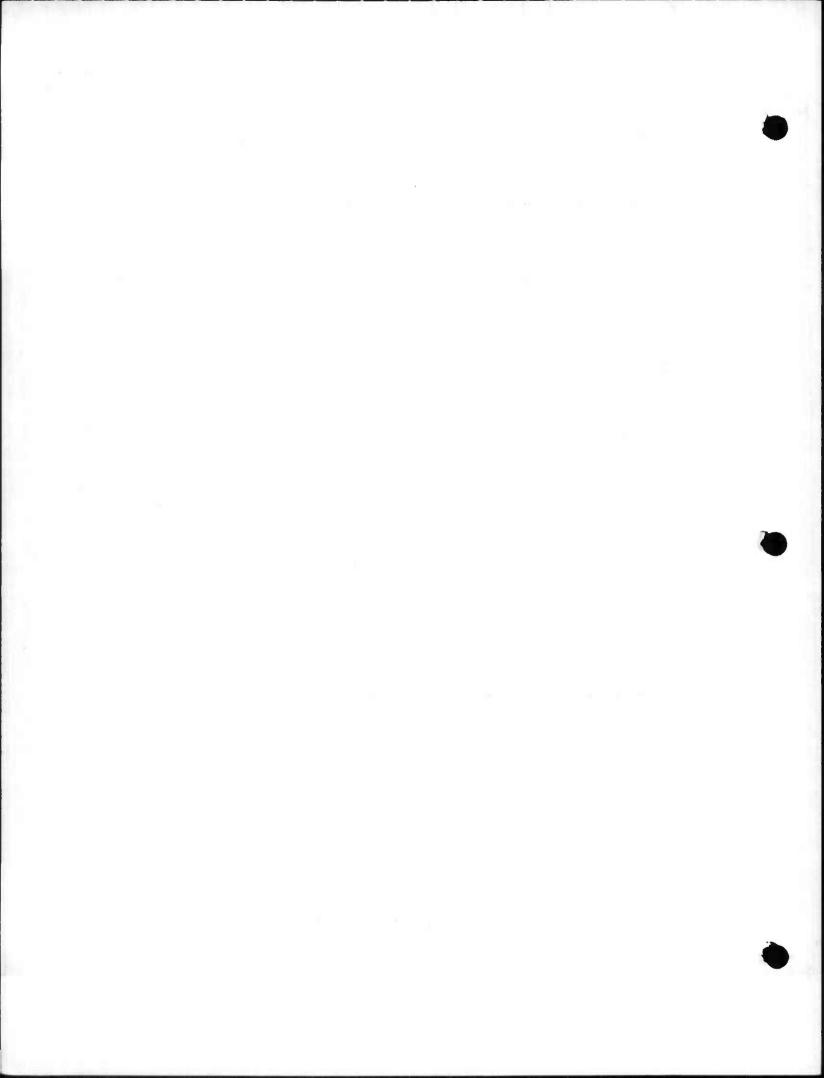
2 Accident

3 Sulcide

4 🗌 Homicide

TO BE COMPLETED BY FLINERAL DIRECTOR	DE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	MPORTANT: it Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Z en 'en	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit Policy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25 mould after death, Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

	REGISTRAR			CERTIF	ICATE (	OF	DEATH	R	EG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF D			V.0	3. TIME OF DEATH
	Robert R. SMITH							12	Ö	3 1	993	3:06 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yr:	s. last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF B			6. BIRTI	NPLACE (State or Foreign
Ē	219-12-0181	1 № M 2 🗆 F	67	YRS.	MONTHS D	AYS	HOURS MIN.	Januar		1026	Count	
	9a. FACILITY NAME (If not institution, give	street and number)	07		9b. CITY, TO	WN O	R LOCATION OF DE		у /		INTY OF D	
Œ	Hostown Moneyland	Combon								3.0		
E	Western Maryland		надет	Sto	own, MD	21742		was	hing	ton		
Ä	10a. STATE 10b. COUNT	γ		10c. CIT	Y, TOWN OR I	OCATI	ON					10d, INSIDE CITY
6	Maryland Wash:	ington		Hac	ersto	νn						LIMITS?
7	10e. STREET AND NUMBER					101.	ZIP CODE			10a, CIT	IZEN OF	WHAT COUNTRY?
ER/	1635 Edgewood Pi	lace					21740				S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S	. ARMED	13. WM.5	DECE	NDENT OF HISPAN	IC OBIGINS (S.	nacify Yes	or No -	14 PAC	E — American Indian,
E	1 Never Married 2 Married	FORCES? 1 S	YES 2	□ NO	It ye	s, spe	cify Cuban, Mexicar	n, Puarto Rican	, etc.)	01 110-	Blac	k, White, atc.
В	3 Widowed 4 Divorced	World War			'-	YES	2 NO Specify				Spec	White
ED	15. DECEDENT'S EDU	CATION		. DECEDENT'S	USUAL OCCU	PATIO	N	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	WIIICE
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	-		work done duri se retired.)							
립	12 yrs.		Pl	umbing	Inspe	ect	or	Muni	cipa	ality	7	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAJ	ME (First, Middle	e, Maiden	Sumame)		-
	John L. Smith						Teresa					
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet an	d Number or Rural R				n Code)	
2	Peggy M. Smith						Place Ha					21740
	20a. METHOD OF DISPOSITION		20b. Pt.4	CE AND DATE		_		DATE	_		City or To	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery	crematory or o	ther place!		y 12-6-1	1				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	rest	. navei								Maryland
						_	as A. Fi	_				Blvd. North
	Douglas A. Fie						al Home				_	land 21742
	23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each lins.											
- 1	IMMEDIATE CAUSE (Finei	and only one oddeo	011 00011									Onset and Death
- 1	disease or condition resulting in death)	. Glioblas	toma	multi	forme.	re	current					4 months
- [				NSEQUENCE OF								
Z	Sequentially ilst conditions,	b										
CERTIFICATION	if any, leading to immediate	<b>ጉ</b> :										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
	that initiated events resulting in death) LAST	DUE TO (OR	AS A COR	SECUENCE OF	ን:							
<u> </u>		d										
- 1	PART ii. Other aignificant condition	a contributing to de	eth but n	ot recuiting i	in the under	rlvina	csuse alven in I	Part I. 24e.	WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
DICAL	Congestive hea								PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		re rariale	, IE	nar ra	rrure,	ire, pneumonia,			YES 2			OF DEATH?
Σ	sepsis							- 1				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
ᅙ	EXAMINER?	HOSPITAL:			OTHER:		CE OF DEATN (Che					
PHYSICIAN: ME	27. MANNER OF DEATN	1 2 Inpatient 2 ER		_		-	5 Residence					
٥	1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, )	(bar)	28b. TIM	URY	WOR	IK?	26d. OEŞÇRIB	E HOW IN	NURY OC	CURED	
₽	2 Accident Investigation	200 BLACE OF IA	II IPOV A	1.5			ES 2 NO					
입	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	(Specify)	t nome, tarm, t	Rreet, tactory,	offica		261. LOCATION City or Tox	N (Street a wn, State)	nd Number	r or Rural F	Route Number,
ᇤ	AND DESTREES											
릴		CIAN: To the best of my										
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of axami	Instion and	I/or investigatio	n, in my opini	on, de	ath occured at the t	time, deta and	place, and	d due to ti	he cause(e	s) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE	4				T	29c. LICENSE NUM	BER				(Month, Day, Year)
BE	Je U. Frei	uncul	V				D12642				Dec	em ber 3, 1993
임	30. NAME AND ADDRESS OF PERSON WH	0.000000		(ITEM 27) (Type,	Print) LT	ter	en Marul	and Co	nter			07.110
	Fe U. Porciuncula	, M.D. 15	00 P	ennsyl	vania	Ave	rn Maryla	rstown	, MD	21	742-	3194
Ì	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S			:: ::							
	DEC 0 6 1993	Julis Danies	m-R	Ass.								
	- 0 1000	17	- 7700	of Abraha								



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NG PHYSICIAN: The law requires that the death certificate be executed withinours after dea	

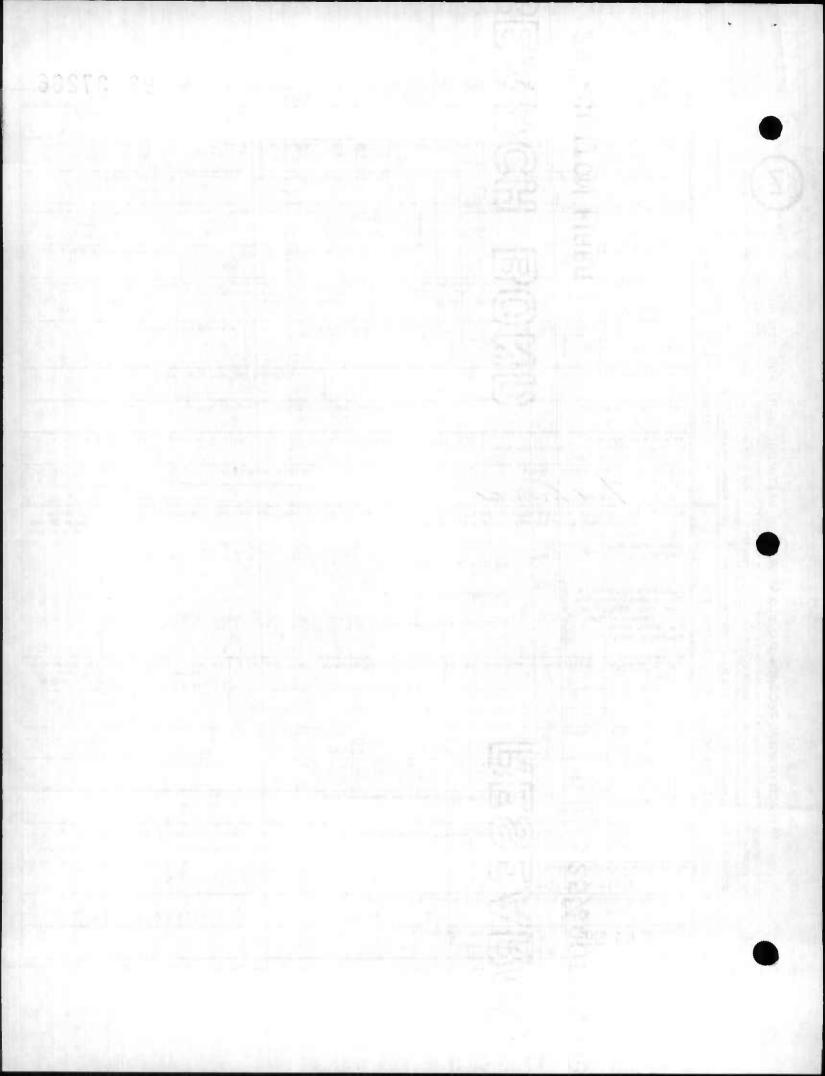
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and locally death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

93 37286

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.	9:	3	37286			
B	1. DECEDENT'S NAME (First, Middle, Last)	RONNIE A	ALLEN SHOBE			2. DATE O	F DEATH DAY	19	9.3	OGOO M			
	4. SOCIAL SECURITY NUMBER 218-64-7792	1X M 2 🗆 F	37 YRS. MO	HTHE DAYS	F UNDER 24 HRS. HOURS MIN.		1-1956	We	est.	ACE (State or Foreign Virginia			
TOR	90. FACILITY NAME (If not institution, give as Washington County RESIDENCE OF DECEDENT		94	Ha			% county of DEATH Washington						
DIRECTOR	10e. STATE 10b. COUNTY	ington	ton Maugansville					10d. INSIDE CITY LIMITS? 1 7 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER	Weaver Ave	Ave 10f. ZIP CODE 2176			CODE 10g. CIT 21767				TIZEN OF WHAT COUNTRY? USA			
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	rried 2 Merried FORCES? 1 YES			ENDENT OF HISPAI celfy Cuben, Mexica 2 NO Specifi	in, Puerto Ri		or No- 14. RACE — American Indian, Black, White, etc.  Specify: White					
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	EDENT'S USUAL OCCUPATION Is kind of work done during most of working NOT use retired.)  Disabled from injuries						USINESS/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)	John Tom Ve			16. MOTHER'S NA	ME (First, Mi	iddle, Meiden S Mong						
TO B	190. INFORMANT'S NAME (Type/Print)  Norma Shanklin			HC 77,	nd Number or Rural BOX 6	Aoute Number			6729				
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of								rsbu	rg, WV			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME. Have Schaeffer Funeral Home Inc. PO Box 455 Petersburg, West Va. 26847-415 E.W. Son 8												
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	Euc	ephale	pat	try			Interval Between Onset and Deat			
MEDICAL	PART II. Other algorificant condition	d	ath but not resulting in t	the underlying	j cause given in		24a. WAS AN A PERFORM	IED?	0	/ERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE IF DEATH?  YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL	ACE OF DEATH (CA	eck only one	)						
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJ (Month, Day, )	URY 286, TIME O	F 28c. INJ	RK?		Other (Specify)  d. DESCRIBE HOW INJURY OCCURED						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, etc.	JURY — At home, ferm, stre (Specify)	M 1 VES 2 NO  All home, ferm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	enel -		knowledge, death occurred a							and menner es stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c LICENSE NU					Nonth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHAT AND UL WATER	O COMPLETEO CAUSE C	12821-0A	KH1	AVE.	HA	GERS	TON	N'	MO			
	31. DEC. 0.3 1993	32. REGISTRANS	aldrift NATA			, ,	2						



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BALTIMORE, MARYLAND 21215-0020

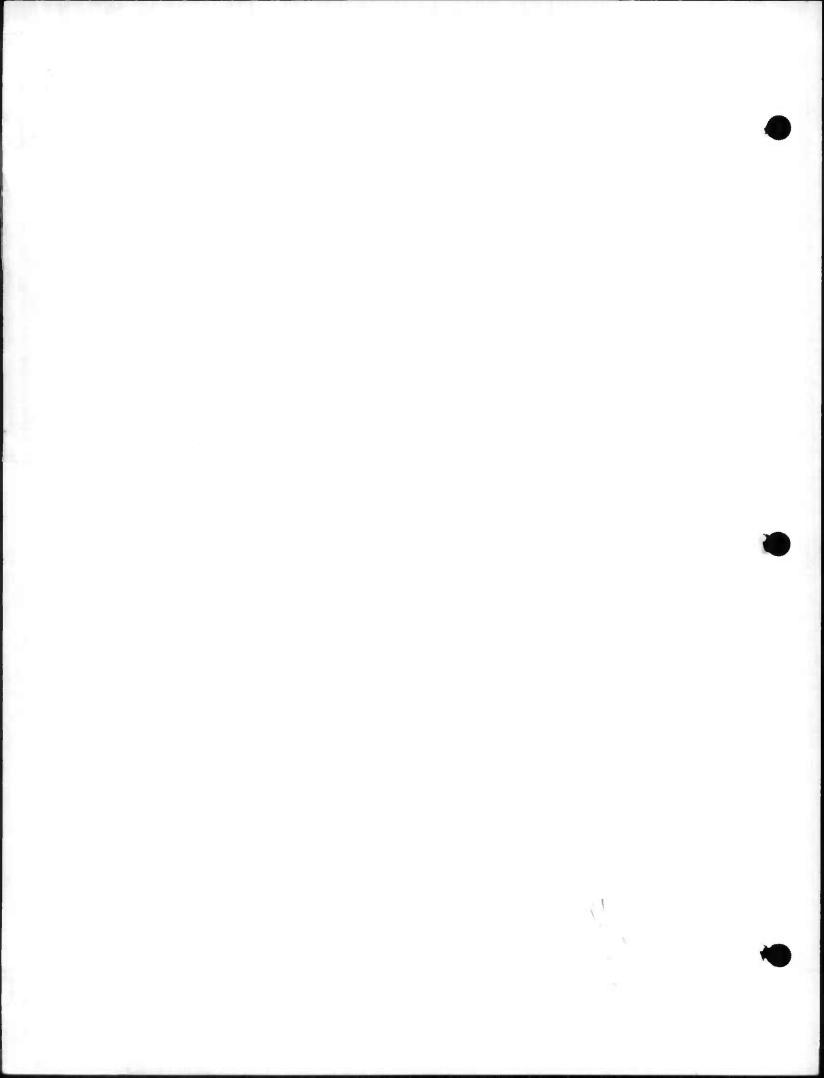
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—3 us after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

74	REGISTRAR			CERTIF	ICALE	UF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF OEATH
	WILLIAM HE	NRY	ST	ONER				12 -	2 DA	1993	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER	a weam	IF UNDER 24 HRS.	7. DATE OF		1993		
					MONTHS	DAYS	HOURS MIN.	(Manth D	are Marcal			HPLACE (State or Foreign ry)
	217-10-3309	1 ☑ M 2 ☐ F	87	YRS.			P. S. S. H.	Augus	t 9,1	1906	Penr	m Osylvania
- 3	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH
8	510 Summitt Ave	nue			Hac	iore:	town			Tuto	hino	vb au
5	RESIDENCE OF DECEDENT				Tide	CLD	COWII			was	PITTIC	ILOII
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY
<u>-</u>	Maryland Wash	ington		Нас	gerst	OI 70						LIMITS?
	10e. STREET AND NUMBER	Ing COII			JELSI		. ZIP CODE	-		10a CITI	ZEN OF V	WHAT COUNTRY?
8	510 Summitt A									log. Offic	ZEN OF V	MINI COOKINII
FUNERAL	11. MARITAL STATUS			7 49 3			21740				I.S.A	
5	1 Never Married 2 Married	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES :	.S. ARMED 2 NO	13. 1	WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexica	NIC ORIGIN? (S In. Puerto Rica	ipecify Yes	or No-	14. RACE Black	E — American Indian, k, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATE	S			2 NO Specif			- 1	Speci	fly:
		World Wa								[		White
핕	15. OECEOENT'S EDU (Specify only highest grade		16	Give kind of	work done o	CCUPATIO	ON ist of working	16b. KIR	OF BUS	INESS/IND	USTRY	13
<b>"</b>	Elementary/Secondary (0-12)	College (1-4 or 5 +		Ille. Do NOT u	se retired.)							
8	6 yrs.			Plane	Oper	ator	<u> </u>	Cal	oinet	Man	ufac	cturing Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
	Calvin Henry Sto	oner					Margare	at Eli	zahot	h Ka	0+20	.11
띪	19a, INFORMANT'S NAME (Type/Print)			195 MAIL INC	ADDRESS	/Street o	nd Number or Rural					11
2												
	Anna Martha Stor	ner	_	I 510 S	Summi	tt /	Venue Ha		OWO	Mary	land	21740
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	cemeter	ACE AND DATE	that place			OATE		ATION -		
ı			Res	t Haver	1 Cem	eter	ry 12-6-1	1993	Haq	erst	own.	Maryland
!	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			1 22.1	NAME AN	ID ADDRESS OF FA	CHITY				
	<b>P</b> 2 2 2 2	. /		117	, L	ougl	las A. Fi	lery	1331	East	ern	Blvd. North
	Douglas A. F.	iery //	augh	2 H. TI	My	uner	cal Home	Had	gerst	own,	Mar	yland 21742
	23. PART i. Enter the diseases, or shock, or heart fellure.	List only one ceu	se on each	ne glaagn. Do i n line.	not-enter	the mo	da of dying, suc	h aa cerdlec	or reapir	etory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel		1									ILICOLAGI DACMAGIL
			/ /									Onset and Desth
Ì	disesse or condition		Pno	211111	1110							Onset and Death
		a	DR AS A CO	CALLE DISEOUENCE O	uco,							Onset and Death
7	disesse or condition	aDUE TO	OF AS A CO	DNSEOUENCE O	ULQ.							Onset and Death
NOI	disesse or condition resulting in death)  Sequentially list conditions,	b	FOR AS A CO	ONSEQUENCE O	F):							Onset and Death
ATION	disesse or condition resulting in death)	b	FOR AS A CO	ONSEQUENCE O	F):							Onset and Death
FICATION	disesse or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	b	OR AS A CO	ONSEQUENCE O	F):							Onset and Death
RTIFICATION	disesse or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Entar UNDERLYING	b	OR AS A CO	ONSEQUENCE O	F):							Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CO	ONSEQUENCE O	F):							Onset and Death
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CO	ONSEQUENCE OF	F):	derlylng	g cause given in	Part i. 24	I. WAS AN A	WITOPSY	24b.	Onset and Death
ICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CO	ONSEQUENCE OF	F):	deriying	g cause given in		PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS
EDICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CO	ONSEQUENCE OF	F):	derlylnç	g cause given in			MED?	24b.	. WERE AUTOPSY FINDINGS
MEDICAL CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CO	ONSEQUENCE OF	F):	derlylns	g cause given in		PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition	b	OR AS A CO	ONSEQUENCE OF	F):	derlylnç	g cause given in		PERFORE	MED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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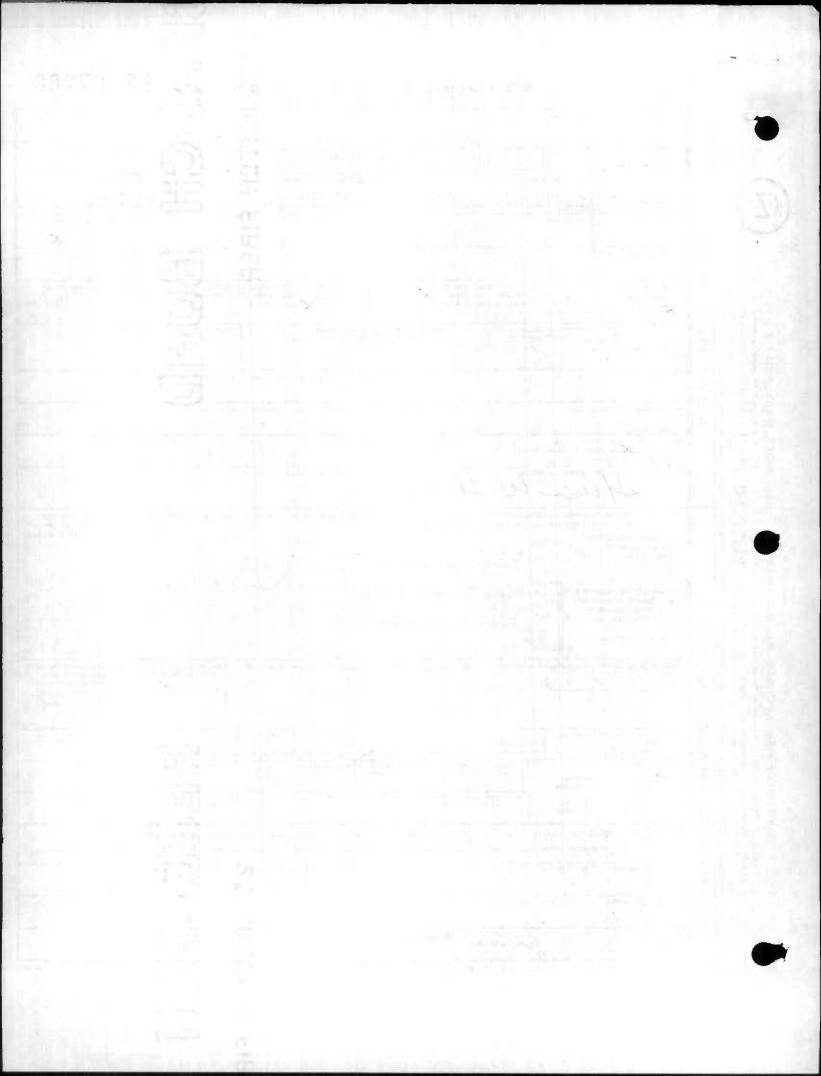
TO THE HOSPITAL, DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a flour state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-bransit permit, be filled within 72 hours after detail with the State Dect. of Health and Mental Hygiene plot to burlal, cremation, or removal.

IMPORTANT: It ham 28 is marked, or them 23 shows any Infurr, or other traumatic events. The medical examiner must be notified at once.

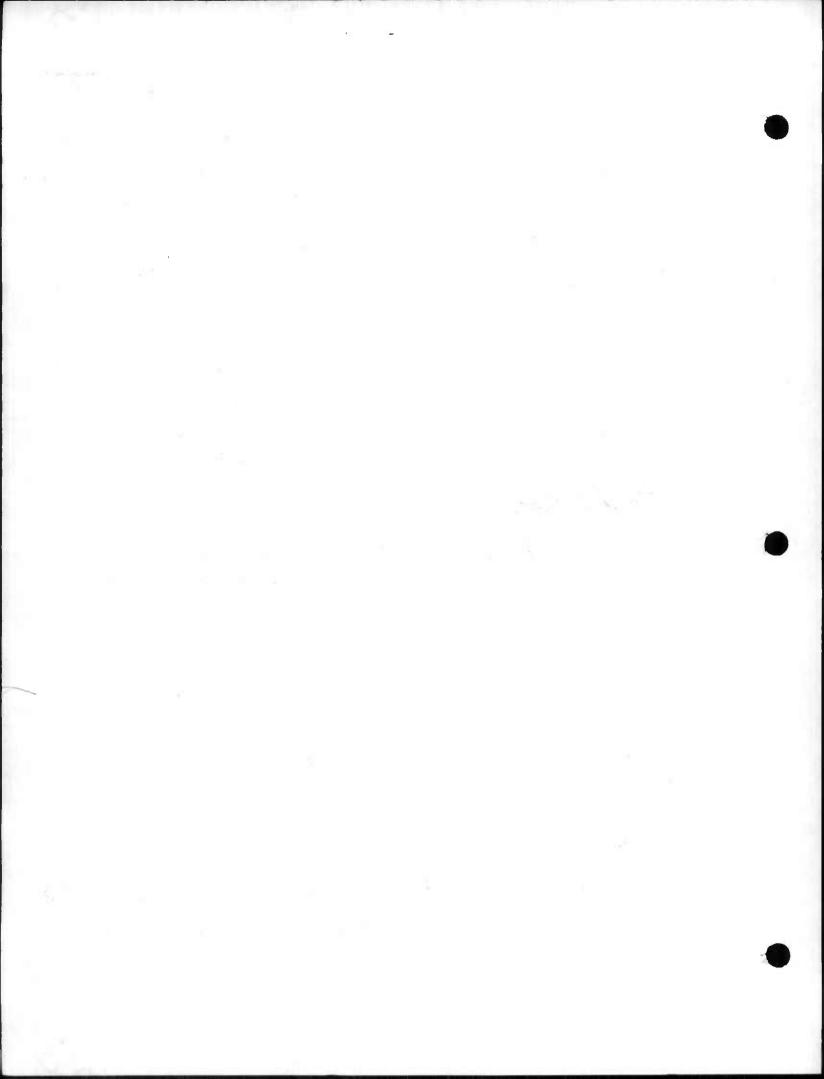
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (F								2. DATE OF MONTH	DEATH	w	YEAR	3. TIME OF DEATH			
	. G. S	utter						Dec.	9		93	10:50 A			
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In	yrs. lest birthday)		EAR IF UN	DER 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Year)		8. BIRTN Countr	PLACE (State or Foreign			
295-12-22		1 X M 2 D F	9	O YRS.			110.55	Feb.	3, 19	03		Ohio			
9a. FACILITY NAME (If no			96. CITY, TO	WN OR LOC	ATION OF D	EATH		9c. COU	COUNTY OF DEATH						
Cherrywood	Cherrywood Manor Nursing Center					Reisterstown Baltimore						ore			
Chevrywood RESIDENCE OF D 100. STATE Maryland						10c. CITY, TOWN OR LOCATION 10d.						10d. INSIDE CITY			
Maryland			Manch	ester				-	LIMITS?						
		arroll				101. ZIP C		And a		10g. CIT	IZEN OF V				
100. STREET AND NUMB 2110 Ebbv 11. MARITAL STATUS	2110 Ebbvale Road					21102				11.	USA				
11. MARITAL STATUS		12. WAS DECEDER	. WAS DECEDENT EVER IN U.S. ABMED					NIC ORIGIN? (		or No-		14. RACE American Indian.			
I I I I I I I I I I I I I I I I I I I	1 Never Married 2 Married 3 Wildowed 4 Divorced			FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			uban, Maxic VO Speci	en, Puerto Rici ly:	en, etc.)			Specify:			
	15. DECEDENT'S EDUCATION										Black, White, etc. Specify: White				
(Specify	only highest gre	de completed)	11	6a. DECEDENT'S	work done dur		orking	16b. Ki	ND OF BUS	BINESS/INC	DUSTRY				
Elementary/Secondar	y (0-12)	College (1-4 or 5	+)	Colf I		7			Civil	Cox	vi ao				
17. FATNER'S NAME (First	Miciello I nell			serr r	imploye		OTNED O N	AME (First, Mid			ATCE				
								Sonich		ourname)					
10. INFORMANT'S NAME				19b, MAIL IN	G ADDRESS /S			Route Number,		State 76	Codel				
Patricia		ler						lanche:				02			
20a. METHOD OF DISPO	SITION		20b. Pl	LACEANDDATE				,	20c. LO						
1 Donation 5 Ot		moval from State	cemete	ery, cremetory or arroll	other place)	1						Maryland			
21. SIGNATURE OF PUNE	RAL SERVICE	LICENSEE,	11			ME AND ADD		A districtions							
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	- 0,				9.34					10516	du.	Md. 21074			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pay dispersions.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary of the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary of the signed been of Health and Mental Hyriene prior to burnar, or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

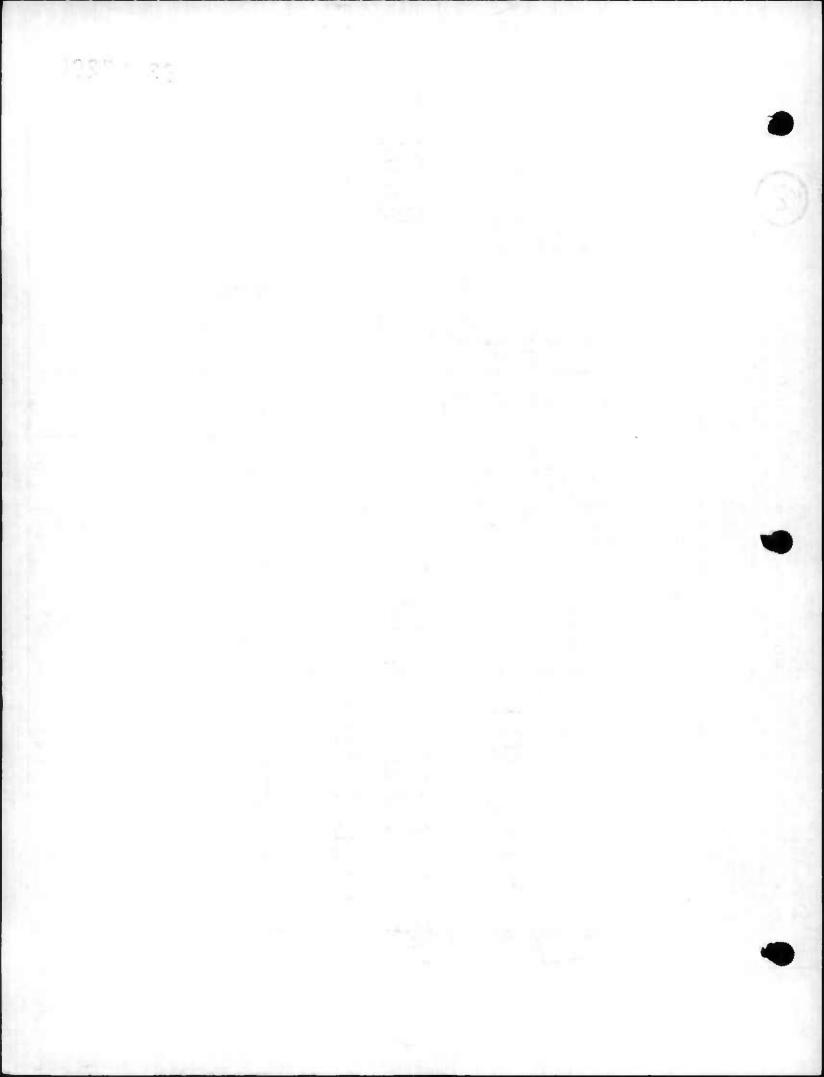
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3. TIME OF DEATH	
	Farris C.	Si	ms					10,1993	3:30 A.	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda			rs. 7. I	DATE OF BIRTH	0.6	BIRTNPLACE (State or Foreign	
1	215-98-9393	17 M 2   F	27 YRS	MONTHS DAY	HOURS MI		(Morith, Day, Year) 1 – 2 – 196		Wash. D.C	2
1	Bs. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOW	N OR LOCATION O			9c. COUNTY		م
O.	Route 227			White	e Plains			Charl	es	
당	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v								
E		arles		STY, TOWN OR LO					10d. INSIDE CITY LIMITS?	
1	10e. STREET AND NUMBER	White Plains 1 VER 109. CITIZEN OF WHAT COU								_
RA	Rt. 2 Box 338	3			20695			U.S.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	FEVER IN U.S. ARMED	13 WAS F	ECENDENT OF MIS	SPANIC O	RIGIN? (Specify Yes		RACE — American Indian.	-
E	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES MY	If yes,	specify Cuban, Ma	ixican, Pu	arto Rican, atc.)		Black, White, atc.	
	3 Widowed 4 Divorced			'''	ES Z ES NO SE	жесну:			Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	'S USUAL OCCUPA	TION most of working		16b. KIND OF BU	SINESS/INDUST	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+		of work done during use retired.)			17 6		1	
₽	12		Posta	1 Work					1 Service	
	17. FATHER'S NAME (First, Middle, Last) Harvie L. Sims						First, Middle, Malden			
BE	19a. INFORMANT'S NAME (Type/Print)		Pring				E. Sims			Ц
5	Colica E. Sims		Rt.				Number, City or Yow Plains		20695	
	20s. METHOD OF DISPOSITION							,		-
	1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT	ads Ch	urch C	$_{ m em}$ $1$	2/14/19	Ecoa.	GA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				_				٦
	> 1ta-100	211	MOO945					KAL H	OME, INC.	
	23. PART I. Enter the diseases, pr	complications that	counted the death. Dr		lata,M					4
	snock, or near tellure.	List only one ceu	se on each line.						Interval Between	
	iMMEDIATE CAUSE (Finei disease or condition	ACO	HEREN	TMMI	INE D	FI	ICTEN	ICY -	Onset and Death	h
	resulting in death)	DUE TO	OR AS A CONSEQUENCE	0F):	1110		101010		-	4
z		h		·	>	> 4	NDRO	ME	/i	Ų
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQUENCE			,				1
2	CAUSE (Disease or Injury	с								
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	OF):						
E	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	d								4
A.	PART II. Other significent condition	s contributing to	deeth but not resultin	g in the underly	ing ceuse given	In Part	I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS	
DICAL							1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	4
MEI								,	1 TES 2 NO	1
ż										- 1
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH	(Check o	nly one)			コ
PHYSICIAN: ME	1 TYES 2 NO		ER/Outpatient 3 DOA	OTHER: 4 - Nursing N	ome 5 K Rasiden	ce 8 🗆	Other (Specify)			
PH	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF (Month, De			NJURY AT VORK?	280	L DESCRIBE NOW I	NJURY OCCURE	D	٦
BY	2 Accident Investigation				YES 2 NO					
8	3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE Of building,	* INJURY — At home, term rtc. (Specify)	i, street, factory, of	fica	28f.	City or Town, State)	and Number or R	tural Route Number,	1
COMPLETED	29a. CERTIFIER									4
MP	(Check only CENTIFTING PNYSI		my knowledge, death occu							1
8			amination and/or investiga	tion, in my opinion	, death occured at	the time,	, data and place, an	d dus to the car	use(s) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES		mille	?	29c. LICENSE			29d. DATE SIG	SNED (Month, Day, Year)	٦
6	30. NAME AND ADDRESS OF PENSON WH	O COMPLETED ONLY	E OF DEATH (TEXT	0.00	D-260			12	-10-73	
	Vidyasagar Anmang	andla M	D.	nout			n Beach			
				P.0.	Box 28	2, C	harlotte	Hall.	Md. 20622	4
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely Medi in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE 0	F MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.	9
t, Middle, Last)	James	L.	Suntum	2. DATE 0 MONTH 1 2	FOEATH DAY	/

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL HYG		
1. DECEDENT'S NAME (First, Mic	James L.	Suntum			2. DATE OF CEAT		3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER  522 14 8353  90. FACILITY NAME (If not inetitude)	1 <u>X</u> M 2  F	73 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye OCT 19	,1920	BIRTHPLACE (State or Foreign Country) COLORADO
7125 POPL	AR AVE.			A PARK	АТН		OF DEATH
	DENT  B. COUNTY  MONTGOMERY		WN OR LOCATI	PARK ZIP CODE		10g. CITIZE	10d. INSIDE CITY LIMITS? 1 X YES 2 NO N OF WHAT COUNTRY?
7 1 2 5 POPL  11. MARITAL STATUS  1 Never Merried 2 Mer  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	If yes, spe	20912 NDENT OF HISPAN City Cuben, Mexica PNO Specify	IIC ORIGIN? (Speci n, Puerlo Rican, st :	ly Yes or No- 14	S.A.  BACE — American Indian, Black, White, etc.  Specify: WHITE
15. DECEDE (Specify only hig Elementary/Secondary (0-12)	ent's EDUCATION shest grade completed)  Coffege (1-4 or 5 +) 4	16a. DECEDENT'S USL (Give kind of work life. Do NOT use red	JAL OCCUPATIO done during mos tired.)	t of working	= 1000	F BUSINESS/INDUS	OF LABOR
	HRISTIAN SUNT	UM		KATHI	ME (First, Middle, M	olden Surname) DUFFY	
JAMES J. SU	NTUM		DRED	AVE. N.	W. ALB	or Town, State, Zip Co UQUERQU c. LOCATION — Cit	JE, N. MEX.
20s. McIriou of Disposition 4 Donation 5 Other (Sp 21. Signature of Function	ecity) G	ATE OF HE	TAKO	MA FUNI	ERAL HO	ME INC	LVER SPRING, 254 CARROLI 20012
				le of dying, auc	h aa cardlec or	reapiretory arres	Approximate interval Between Oneet and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):	C ch a No c	470	LRUM	- IN	3 you
PART II. Other algnificant	conditiona contributing to death	but not resulting in t	he underlying	cause given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2X NO	HOSPITAL:	o	THER:	ACE OF DEATH (C)			
27. MANNER OF DEATH  1 Netural 8 Per	1   Inpetient 2   ER/O	Y 28b. TIME O	F 28c. INJI	JRY AT	8 Other (Specification of Specification	HOW INJURY OCCU	RED
3 Suicide 8 Co		IRY — At home, farm, street, pecify)	et, factory, office		281. LOCATION (S City or Town,	Street and Number of State)	r Rural Route Number,
onel	INO PHYSICIAN: To the best of my kn L EXAMINER: On the basis of examina						
296, SIGNATURE AND TITLE OF	Sty		0	DI73		1.7	12-6-93
30. NAME AND ADDRESS OF POSTANLEY  31. DATE FILED (Month, Day, Yea	7) 32. REGISTRAR'S SI	101 MEDIC		K DR.#	201 ST	LVER_SP	PRING, MD



1 - FOR STATE REGISTRAR

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		1. DECEDENT'S NAME (First, Middle, Last)	. Savag	٤			2. DATE OF DEATH	DAY	YEAR 10:58 A
		4. SOCIAL SECURITY NUMBER 219-48-4497		E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH	3/12/0	DIRTNPLACE (State or Foreign Country) GERMANY
7	TOR	98. FACILITY NAME (II not institution, give : HILLHAUEN NU RESIDENCE OF DECEDENT	RSING CE	nter	Adel	phi	DEATN	0	TY OF DEATH The Gewges
	L DIRECTOR	106. STATE  106. STREET AND NUMBER 7.0	ce George	10c. CIT	Y, TOWN OR LOC	XXX TZ	AKOMA PA		10d. INSIDE CITY LINUTS? 1 YES 2 NO
XXXXX	AAA.	X23 Dangaring	02 COLE A	/E		ior, ZIP CODE	2091	2 109. CITIZ	U.S.A.
215-0020 attending physiciar se as the burial-tra	BY FUN	11. MARITAL STATUS 1 Newsr Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, OIVE WAR OF	ES 2 NO	If yes,		ANIC ORIGIN? (Specify can, Puerto Rican, stc.) offy:		14. RACE — American Indian, Black, White, etc. Specify:
or atte	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT u	work done during a se retired.)	most of working		BUSINESS/INDU	
LAND the hospital of detached it	COMPLET	17. FATNER'S NAME (First, Middle, Last)		HOUSEK	EEPER		IGTON AD		ST HOSPITAL
# 8 4 X	BE	UNKNOWN  19a. INFORMANT'S NAME (Type/Print)		405 MAII MA	ADDECC (Co.		IKNOWN		Code) 2091
De S ge 5	1	ALAN W. WHITE					I Route Number, City or JMBIA PI		LVER SPRING,
AOF ne 6 m rector.		20a METNOD OF DISPOSITION 1 La Burial 2 Commention 3 Rem 4 Donation 5 Donate (Specify)	novel from State	CEDAR HI	LL CEM	ETERY 1	2/9/98		AND, MD.
BALTIMOF ter death. Page 6 m the funeral director, val. el examiner must		ahe ful	002m	4	TAK ST	N.W. WA	NERAL HOI ASHINGTO	N, D.C	
68760, escuted within cours after the completely filled in by the burial, cremation, or removatic event, the medical		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CE CE OGR A	POVAS W S A CONSEQUENCE O	WAR			apiratory sm	Approximata Interval Between Onset and Desth
BOX 687( sate be executed hysician and con prior to burial, or traumatic ex	CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	D	S A CONSEQUENCE O					
P.O. th certific ending p	ERTIF	that Initisted events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	P):				
CORDS, res that the dea signed by the art lealth and Merita was any Injury.		PART II Other significant condition	ns contributing to deati	but not resulting	In the underly	ing cause given i		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
A Sign F Heal	: MEDICAL	SEIZME	DISPEN	T.			1 D YES	2 2 NHO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
13 eg 53	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (			
OF V PHYSICIAL this certifi with the ted, or	BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF BEATH  1 Natural 5 Pending Investigation	1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea	TY 28b. TIA	IE OF 28c. I	ome 5 Residence  NJURY AT  VORK?  YES 2 NO	6 Other (Specify) 28d, DESCRIBE HO	W INJURY OCC	URED
VISIC OTTENDI CTOR: A after d after d		2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, atc. (S	JRY — At home, farm, specify)	street, factory, of	fice	201. LOCATION (Str. City or Town, St	set and Number (	or Rural Route Number,
<b>MANUTE</b>	COMPLETE	most A and	ICIAN: To the best of my kn						d.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	286. BIGHASORE AND TITLE OF CENTIFIE	ank	W		29c. LICENSE N	100 g	29d. DATE	SIGNED (Mogth, Day Year)
)	10		O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	WW S	ering.	Pa	mela.	Mulshine
		DEC 0 7 1993	32 REGISTRAR'S SI	GNATURE ON-Handall		J			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 3
CERTIFICATE OF DEATH
REG. NO.

1	_	STATE
_		REGISTRAR

		CH E. SAMPL	E .		2. DATE		NA.	YEAR	3. TIME OF DEATH
Elizabeth	Ethela	Jam	ple		DEC-	1		1993	750
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH Day, Year)		8. BIRTN	PLACE (State or Foreign)
230-12-7126	1 M 2 F	94 YRS.	MONTHS DAYS	HOURS MIN.	6 -	28-18	99		INIA
9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF DI	EATN
HOLY CYESS H	1050		Silve	-Spa	6 0		Mo	nte	3 1
10a, STATE 10b, COUNT	ny .			- 1	1			-	1
M I	1 ~	10c. CI	TY, TOWN OR LOCA	THON	1				10d. INSIDE CITY LIMITS?
1.(1)	lont.	2.	ilver	Spr	149				1 YES 2 NO
10e. STREET AND NUMBER	11181		.10	H. ZIP CODE	0				HAT COUNTRY?
12601 Layh	111/0			20900	0	123		JSA	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 XNO R OR DATES	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 ANO Speci	an, Puerto R		or No-	Black Specif	— American Indian, , White, etc. ly: ITTE
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	B USUAL OCCUPAT	ION	16b.	KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	work done during muse retired.)	ost or working					
	2	DIET	ICIAN	HOSPITAL					
17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, N	fiddle, Malden	Surname)		
THOMAS HARRY PO	TTER			ELIZA	BETH	HY	LTON		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Numb			Code)	
JUANITA C. DOOLE	Y	12601	LAYHILL	ROAD S	ILVER	SPRI	NG, MA	RYLA	ND 20906
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION /A	lame of	OATE	-		City or To	
1X Burial 2 Cremation 3X Rem 4 Donation 6 Other (Specify)	noval from State	MT. UNION	CEMETER	Y	12/6	TROI	UTVTI	LE.V	IRGINIA
21. SIGNATURE OF EUNERAL SERVICE LI	ICENSEE	)	22. NAME A	ND ADORESS OF F	ACILITY				
N/ +	C /5			IS J., CO					
23. PART I. Enter the diseases, or	las	my							,MD.2090
disease or condition resulting in death)	. Ur	oseps)		4/.5					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the post of the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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7	J	U	8	6	)	J

REGISTRAR	STATE OF MA					DEATH			REG. NO		3	37293
1. DECEDENT'S NAME (First, Middle, Last)  Albert Fricker S								MONTH	of DEATH	1 1	<b>YEAR</b> 993	3. TIME OF DEATH 6:00PM
4. SOCIAL SECURITY NUMBER 196 07 1033	5. SEX 6	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS &	WIN.	7. DATE ( (Month	Dey, Year)		8. BIRTH Countr	PLACE (State or Foreign y) nsylvania
ea. FACILITY NAME (If not institution, give and Arcola Nursing H						Sprin		ATH		% county of DEATH Montgomery		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ		10c. CITY, TOWN OR LOCATION					10d. IN:			10d. INSIDE CITY LIMITS?	
Maryland Mont	gomery		Ве	thes		ZIP CODE		10g. CITIZEN			IZEN OF V	1 YES 2 NO
	013 Green Tree Road  MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			140		20817				United States		
1 Never Married 2 Married 3 Wildowed 4 Divorced	Never Married 2 Married FORCES? 1 VES 2			1	f yes, spe	offy Cuban, h	Maxicar	n, Puerto F		es or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	JCATION s completed) College (1-4 or 5+)	(GA	ve kind of	se retired.)		of working		16b.	Reta	il Sa	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Albert Barr	Shanema	an				16. MOTHER Sara			liddle, Meide lizab		Fr	icker
Ruth V. Shaneman						d Number or e					,	d 20817
20a. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	novel from State	20b.PLACE A cermetery, cren Park1		Memo:	rial	Park			Roc	kvill	e, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	M00689		Ho	me/B	ethes	da-	Chev	y Cha	se, 1	nc.	ey Funera: 7557 814-3501
23. PAINT in the disease, or mock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	Aspirat	ion Pne	umon	ia F):								Interval Betwe Onset and Da
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	R AS A CONSEO						ì				
PART II. Other significant condition Dementia	na contributing to d	eath but not re	aulting	in the un	derlying	cauae give	en in i	Part I.	24e. WAS AI PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEAT	TH (Che	ock only on	)			
1 YES 2XXNO  27. MANNER OF DEATH	1 Inpatient 2 8 28a. DATE OF IN (Month, Day,	JURY	26b. TIN	KX Nun	28c. INJU WOR	IK?			(Specify) CRIBE HOW	INJURY OC	CURED	
1 A Metural & Bandina				M fact		ES 2 N	10	28f. LOC/	TION (Street	and Number	r or Rural F	
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF building, et	INJURY — At horic. (Specify)	ne, ferm,	otroot, ract	ory, ornes			City i	r Town, State	))		loute Number,
2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only)	building, et	c. (Specify) y knowledge, dea	ith occurr	ed at the ti	me, data a			to the cau	se(s) and ma	mner as sta	rled,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE REGISTRAR	STATE OF M	CERT	IFICA	1201	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Las						MONTH	OF DEATH	MY	YEAR	3. TIME OF DEATH
Mary Curry Seid		- 122				+	mber	4, 19		7:15P
	5. SEX	6. AGE (In yrs. lest birtho	MONTH	DER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	(Month	Dey, Year)		Counti	
9s. FACILITY NAME (If not institution, giv	Λ	86			R LOCATION OF D		8, 1			York
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11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. ARMED YES XX NO WAR OR DATES	1	13. WAS DECI	ENDENT OF HISPA	en, Puerto R				E — American Indian, k, White, etc.
15. DECEDENT'S E		16a. DECEDER	NT'S USUAL	. OCCUPATIO	N	16b.	KIND OF BU	SINESS/IND	USTRY	
(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give kind	id of work doi IOT use retired	ne during mos d.)	sl of working					
12		Cleri	cal			I	nsura	nce C	Compa	any
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, A	fiddle, Maiden	Sumame)	-	
John J. King				1 1	Bridge				in	
19a. INFORMANT'S NAME (Type/Print)		19b. MAII	ILING ADDRI	ESS (Street at	nd Number or Rural					
Joan O. Porter					Road, B					20817
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23. PART I. Enter the diseases, cahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	Anem:  a. Anem:  b. Aden:  DUE TO (  DUE TO (  C. DUE TO (  d	MONTGOM  MONTGOM  MONTGOM  MONTGOM  MONTGOM  MONTGOM  MONTGOM  CONTGOM  MONTGOM  MON	DO NOT HIS OF INJURY MARY MARY MARY MARY MARY MARY MARY MA	cremat  22. NAME AN  HOME/E  Viscor  ter the mod  1 live  1 live  26. PL  BER:  Nursing Home  29. INJ  WO V  factory, office	corium,  b address of FA  cethesda  sin Ave  de of dying, suc  er metas:  cause given in  ACE OF DEATH (CF  strasidence UNY AT  RKY  res 2 No  and place, and due  seth occured at the	Inc.  Churry R  Chev  nue,  ch as card  tasis  Part I.  S Other  28d. LOCC  Chy of	Cobert Y Cha Bethe Bethe lac or raap  24a. WAS AN PERFOI 1 YES 2  (Specify) CRIBE HOW (Street or Town, State) ae(a) and ma	A. F. Se, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda, I sda,	cured or Rural Inc.	Arey Funer 7557  yland 208  Approximate Interval Betwee Onset and Da  AWERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH 1 YES 2 NO

38. REGISTRAR'S SIGNATURE Juna Daydoon-Kandalle

DEC 0 7 1993

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Iran

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

1X YES 2 NO

Approximate

Onset and Death

2. DATE OF DEATH

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CERTIFICATION

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requires that the death certificate be

BOX 13146,

isigned by the attending physician and completely first Health and Mental Hygiene prior to burial, cremation,

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after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

A SOCIAL SECURITY NUMBER

MIR Sasan

IF UNDER t YEAR

Thirnia

6. AGE (In yrs. last birthday)

5. SEX

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST

27. MANNER OF DEATH

5 Pending

8 Could not be

determined

1 Natural

2 Accident

4 Homicide

3 Suicide

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?

1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year) ►11-20

25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 TEX 2 INO etlant 2 ER/Outpatient 3 DOA

26. PLACE OF DEATH (Check only one) 8 Other (Specify)

28a, DATE OF INJURY 0 PLACE OF INJUI

28c. INJURY AT 28d DESCRIBE HOW INJURY OCCURED 1 YES 2 HO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knee I X MEDICAL EXAMINER: On the basis of exam red at the time, data and place, and due to the cause(a) and manner ea stated.

29M SIGNATURE AND TITLE OF CERTIFICAT 29c. LICENSE NUMBER D21230

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5009 Rayburn Ct., Camp Springs, MD 20748 ugusto Rodriguez M.D.

31. DATE FILED (Month, Day, Year) 1993

32. REGISTRAR'S SIGNATURE his Davidson-Randell

DIVISION OF VITAL RECORDS, DR ATTENDING PHYSICIAN: The law THE HOSPITAL DR ATTENDING F THE FUNERAL DIRECTOR: After I flied within 72 hours after death TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II



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i or attending physician. Or use as the burial-transi BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	hin 7	N.
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	1. DECEDENT'S NAME (First,	Middle, Last)				- 1		-		2. DATE OF I	DEATH	,	YEAR	3. TIME OF DEATH
	ATH	FUL	1		SK		A	5		11:	29	9:	3	C8 201 M
	4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. lesi		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, De)			8. BIRTH	PLACE (State or Foreign
	577-03-131		1 M 2 M F	84	YRS.					1/4/0	)9			York
œ	9e. FACILITY NAME (If not in								ON OF DEA	ATH		9c. COU	NTY OF DI	EATH
5	Holy Cross	HOSPI	ital			Sil	ver	Spri	ing			Mont	gome	ry
<u>ڇ</u>	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
<u></u>	Maryland	Mont	gomery		Silv	er S	pri	ng						1 A YES 2 NO
₹ S	100. STREET AND NUMBER						101	ZIP CODI						THAT COUNTRY?
FUNERAL DIRECTOR	15329 Duran	t Stre						2090					ISA	
교	11. MARITAL STATUS  1 Never Married 2	Merried		YES 2 XN	O		If yes, spi	ectly Cubs	n, Mexican	C ORIGIN? (S _f , Puerto Rican	pecify Yes i, etc.)	or No—		— American Indian, , White, etc.
B√	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🔯 NO	Specify:				Specif	White
COMPLETED		EDENT'S EDU		16a, DE6	CEDENT'S	USUAL O	CCUPATIO	N st of workin		16b. KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0		College (1-4 or 5 +)	flife.	Do NOT u	se retired.)	ourng mo	St OF WORK	ny	100				
M M	6			Hom	emak	er				C	wn H	ome		
	17. FATHER'S NAME (First, M		1 / . 1. /				-			NE (First, Middle		,		
B	Panagioti		ITIENI	l m						i Kari		-		
2	Irene Skli			7 / 1						oute Number, C				20905
	20a. METHOD OF DISPOSIT	ION		20b. PLACE A					TIVE		20c. LOC			
	1 Buriel 2 Cremation		ioval from State	Gate	natory or o	ther place)	n Cer	mete	rv	1				ng,Maryland
	21. BIGHATURE OF FUNERA	L SERVICE CH	DENBER /			22.	NAME AN	D ADDRES	SS OF FAC	unvHine	s-Ri	nald	i Fu	neral Home
	> Mileo	NUL	whole "							pshire , Mary			0 /	
	23. PART I. Enter the di	iseases, or	complications that	caused the de	eth. Do i									Approximate
	ahock, or he IMMEDIATE CAUSE (Fir disease or condition resulting in death)		Liet only one caus	on each line.	lu	tivo	iu	A	ve	1				Onset and Death
	resulting in death)		DUE TO (	OR AS A CONSEC	UENCE O	F):	7	1.						00009
z	Sequentially list conditi	lons T	chest	11300	5W	- 8	a	In	e					Gudday
CERTIFICATION	If any, leading to imme- cause, Enter UNDERLY	diate	1 Down	OR AS A CONSEC	UBVICE O	F):	-6							Distant -
윤	CAUSE (Disease or Inju		DUE TO	OR AS A CONSEC	UENCE O	F):								Marce D.
	resulting in death) LAS	T	, Uro	sseps	515									1)ays
	OART II OAL - Al-Mile												-	
AEDICAL	PART II. Other algnifice	R I II	an contributing to	Ton the use of	auiting		nderlying	] cause (	given in F	Part I. 24a	PERFORI		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	1 Sen	CIC	1,000	701	4	NEX				_ 10	YES 2	NO .		OF DEATH?
~	300	1004	00 /	ellitz	10					-	/			1 TES 2 NO
¥	25. WAS CASE REFERRED TO	O MEDICAL	CS (V	CITT			28. PL	ACE OF D	EATH (Chec	ck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE!	R:			Other (Sp	ecify)			
ᅔ	27. MANNER OF DEATH	-1-3	28e. DATE OF 1 (Month, De		28b. TIM		28c. tNJ			28d. OESCRIE		JURY OCC	CURED	
BY		Pending Investigation		,,,		М		ES 2	NO					
OMPLETED		Could not be determined	28e. PLACE OF building, e	FINJURY — At house, (Specify)	ne, farm,	street, fact	tory, office			28t. LOCATIO City or To	N (Street er wn, State)	nd Number	or Rural R	loute Number,
	29e. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of r	my knowledge, de	th occurr	ed at the t	Ime, date	end plece	, end due t	to the cause(s)	) end mani	ner es atat	ed.	
COM	one) 2 MEDI			amination end/or i	nvestigatio	on, in my c	opinion, d				place, end			) end manner es steted.
O BE	Muy	OF CERTIFIE	SK G	UPTA	My	7		29c. UC	-3	233	2	29d. DAT	ESIGNED	(Month, Day, Year)
	30, NAME AND ADORESS OF	U PT	ATM GR	O DEATHLUTER	27) Mp		tre	- , ±	# 2	20	1	UCA	- (i	nd solo
	31. DAYE FILEO (Month, Day,	Your)	32. REGISTRAF	R'S SIGNATURE	0	116		100			311	300	2	
	DEC (	1 199	13 Julia	Savidson-1	Pande	22				100				
			9											DHMH-18 Rev 1/89

1	-	STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)	111		2. DATE OF DEATN		3. TIME OF DEATN
	Lawrence E.Sm	whers		MONTH	DAY YEAR	030
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) IF U	IDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH	A. BIR	ITNPLACE (State or Foreign
	578-01-2109 18/120F 10	O YRS. MONT	HS DAYS HOURS MI	N. AUG. 28	Cou	intry)
	9e., FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION O			NDIANAA
NO R	Washington Advent. Nurs	0 1 -	525 Carrol	lave Tak	se county of	OEATH MD 2091
្ត	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY			1,000	3.7.14 2 9	17 112 211
DIRECTOR	MD. MONTGOMERY	SI	LVER SPRI	NG		10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	4 WESSEX RD.		101. ZIP CODE 209	10	10g. CITIZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DECENDENT OF NE	SPANIC ORIGIN? (Specify Ve	n or No.   14 BA	CE — American Indian,
	1 Never Merried 2 Married FORCES? 1 Z-YES 3 Widowed 4 Divorced FYES, GIVE MAR OR DATE	2   NO	If yes, specify Cuben, Me 1 YES 4 NO S	xican, Puerto Ricen, etc.)	Ble	ock, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BU	JSINESS/INDUSTRY	***************************************
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retire	ne during most of working d.)			
APL	one U	.S. DEPT	. OF COMM	ERCE		
Ö	17. FATNER'S NAME (First, Middle, Last)			NAME (First, Middle, Maider	Sumame)	
BE C	WILLIAM H. SMITHER	RS		RAH	UNKN	IOMN
	190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR	ESS (Street end Number or R	ural Boute Number City or To-	en State 7in Codel	
5	WAYNE D. SMITHERS		AS 10e	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	VII, GIBIB, 210 GOOD)	944
	20e. METNOD OF DISPOSITION 20b.PL	ACE AND DATE OF DISI		OATE 20c. LC	OCATION — City or	Town State
	1 □ Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Records	CK"CKEE	CEMETERY		WASHING	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AKOMA FUN			
	Muful Joseph	2	T N.W. WA	SHINGTON,	D.C. 2	4 CARROLL 0012
	23. PART I. Enter the diseases, or complications that caused the	na death. Do not en	tar the mode of dying,	auch as cerdiac or resp	iratory arreat.	Approximata
	ahock, or haart failure. List only one cause on each	h line.	^	0	,	intarval Batween
- 1	disease or condition	a hulling	man NM F	Rhon f-		Onset and Death
- 1	resulting In death)  DUE TO (OR AS A CO	ONSEQUENCE OF:	onary k	Journ		
z	- Casema	me Met	- ali	40011		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	INSEQUENCE OF):	ery cu	ragio		
8	cause. Enter UNDERLYING	)- [				
臣	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CO	,				
트	resulting in death) LAST	ama (	alow.			
DICAL	PART II. Other algnificent conditions contributing to death but	not resulting in the	underlying cause given	in Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
				1 🗆 YES :		COMPLETION OF CAUSE OF DEATN?
ME	- 130tema					1 YES 2 NO
	- Promise					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN	(Check only one)		
Si	1 YES 2 NO ' HOSPITAL: 1 Inpetient 2 ER/Outpetie	mt 3 DOA 4 D	ER: lursing Nome 5 - Residen	ce 8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW	NJURY OCCURED	
ВУ	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	YRULMI	WORK?	1		
	3 Suicide S Could not be 28e. PLACE OF INJURY -	At home, farm, street, f	actory, office	281, LOCATION (Street	end Number or Rural	Route Number
COMPLETED	4 Nomicide determined building, atc. (Specify)			City or Town, State)		THOUSE THE THE THE THE THE THE THE THE THE TH
١١٣	29e. CERTIFIER Check only CERTIFYING PNYSICIAN: To the best of my knowledge	to death occurred at th	a time data and alarm and	4		
<u> </u>	one) 2 MEDICAL EXAMINER: On the basis of examination en	id/or investigation, in m	v colnion, death occured at	the time data and place or	nner es stated.	(A) and a second of
Ö	295. SIGNATURE AND TITLE DE CHITAGIAN					
BE	CN AROOUN.		29c. LICENSE			O (Month, Day, Yeer)
2	DE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	STEM OF ST	0	18.43	DEC.	2, 1993
	VIVEK C. VAID, M.D. 3311 T	OLEDO TE	RRACE, HY	ATTSVILLE,	MD.	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	RE				
	DEC 0 6 1003 Sulis Veridon Po	indell				
	DE 0 0 1333					

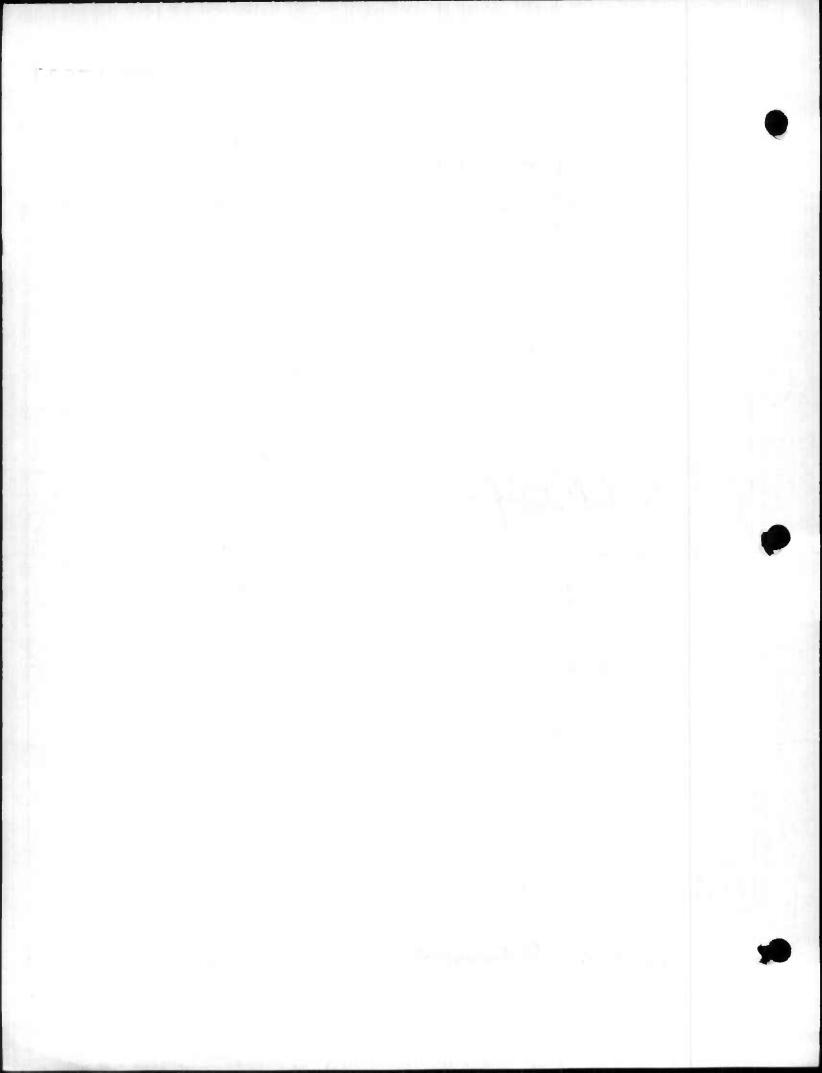
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Duris after death. Page 6 may be retained by the bispician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DE	PARTMENT TIFICATE				MENTAL	HYGIEN REG. NO.	E 93	37298
	1. DECEDENT'S NAME (First, Middle, Leat)	e NG	ShAC	2		<u>DLA</u>		2. DATE O		1/9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 084-30-4543	5. SEX	6. AGE (In yrs. last birth	RS. MONTHS	DAYS	IF UNDER	MIN.	101	Day Hours	8	E BUTTHPLACE (Slade or Foreign Goundy) China
TOR	9a. FACILITY NAME (If not institution, give at  HOLY Cross RESIDENCE OF DECEDENT					er S					ny of DEATH Montgomery
DIRECTOR	10a. STATE 10b. COUNTY			c. CITY, TOWN (			ton.	D.C			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5327 41	st Street	E N.W.			ZIP CODE		-13			EN OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES		If yes, spe		, Maxica	n, Puarto Ri	(Specify Yes lcan, etc.)	or No—	14. RACE — American Indian, Black, Whita, atc. Specify: Asian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give ki	ENT'S USUAL O	during mos	it of workin		16b.	KIND OF BUS		
	17. FATHER'S NAME (First, Middle, Last) Yin Owen	Shao		Nest	a ara	16. MOTH	ER'S NAI		iddle, Maiden		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Joseph V. Shao	Snao		AULING ADDRESS		nd Number	or Rural F	Route Numbe	er, City or Tow	n, State, Zip (	
	20a. METHOD OF DISPOSITION 1XX/Buriel 2	ovel from State	20b. PLACE AND I cemetery, cremato	DATE OF DISPOS	Dece	mber		DATE	20c. LO	CATION — C	Hy or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/ MOO:	RC BC	bert thes	da-C	Pump hevy	ohrey Cha	Fune:	ral Hone. 75	ome/ 557 Wisconsin 314-3501
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heert feilure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Mulipolity on a course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course to course	MANUA	ructure sce on:					n.		Approximate interval Between Onset and Deat August States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States States
PHYSICIAN: MEDICAL C	PART II. Other algoriticent condition	a contributing to	death but not resul	iting in the ur	nderlylng	cause g	iven in	Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 [	OTHEI	R:			6 Other			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, De	INJURY ly, Year)	b. TIME OF INJURY M	28c. INJU	JRY AT			CRIBE HOW I	NJURY OCCI	URED
	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At home, atc. (Specify)	farm, street, fact	lory, office			26f. LOCA City o	TION (Street in Town, State)	and Number o	or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE										d, cause(s) and menner as stated.
TO BE	296, SIGNATURE AND TITLE OF CENTURES	cukey.	1. m)			29c. LICE	NSE NUN	WBER Y		29d. DATE	SIGNED (Mogth, Day, Year)
	G. Nicholas Rogen	1			cut	Aver	uie I	Kensi	naton	Mana	20005

3 should	
(7)	)
BALTIMORE, MARYLAND 21215-0020 fter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit pages. The should be detached for use as the burial-transit pages.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the new forms after death. Page 6 may be tratained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (Firs	t, Middle, Last)							111	2. DATE OF	DEATH			3. TIME OF DEATN
Almon		D.		Thomas					Decemb	per 4		93	7:30 PM
4. SOCIAL SECURITY NUM	BEA	5. SEX	v	. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER		7. DATE OF E	BIRTH			PLACE (State or Foreign
523-07-592	6	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Januar		1906		
90. FACILITY NAME (If not	institution, give a	treet end number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF D			9c. COUN		
Bethesda Re	tireme	nt & Nur	sing C	enter		Chev	y Ch	ase				Mon	tgomery
10a, STATE	10b. COUNTY				Y, TOWN								10d. INSIDE CITY
Maryland	M	ontgomer	У	C	hevy	Cha	ise						1 TYES 2 NO
100. STREET AND NUMBER	3	TATE OF				10	t. ZIP COD						VHAT COUNTRY?
4894 Chevy	Chase	Blvd.					208	315			Unit	ed S	States
11. MARITAL STATUS 1 Never Married 2x2 3 Widowed 4 Div			YES 2	ARMED NO		If yes, sp		m, Mexic	NIC ORIGIN? (S an, Puerto Ricar fy:		or No—	Speci	- American Indian, c, While, etc. fy: nite
	CEDENT'S EDU			DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUSI	NESS/IND		irce
(Specify or Elementary/Secondary	nly highest grade	completed) College (1-4 or 5	+)	(Give kind of a	work done se retired.)	during mo	ost of world	ng					
-		4		lectri	cal	Eng	inee	r	Fee	deral	. Pow	er (	Commission
17. FATNER'S NAME (First, I	Middle, Last)						18. MOT	NER'S N	ME (First, Middl	le, Meiden S	iumeme)		
Claude	Thomas	5					Min	nerv	a Demr	ick			
190. INFORMANT'S NAME	Type/Print)			19b. MAILING	ADDRES	S (Street	end Numbe	r or Rural	Route Number, C	City or Town,	State, Zip	Code)	
Luella Arg	ile Tho	omas		4894	Chevy	y Ch	ase 1	Blvd	., Che	vy Ch	nase,	MD	20815
20a. METNOD OF DISPOSI 1 Buriel 2 Cremati	TION	numi from Cana		CEANDDATE					DATE	20c. LOC	ATION —	City or To	wn, State
4 ☐ Donation 5 ☐ Othe	r (Specify)		_ Fair	mount									orado
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE											rey Funera
1 Kich	eles 9	-Kitt	ta	M00348	He W:	ome/ isco	Beth nsin	esda Ave	-Chevy	Chas hesda	se, I	nc. 208	, 7557 314
23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)	haart fallure.	List only one car	use on each	line.		r thii me	ou or dy	ing, suc	en aa carolac	or respire	atory arr	oat,	Approximata interval Between Onset and Daati
						, ,							
Sequentially list condi			nary T			tion	l .			-			Days
if any, leading to imme cause. Enter UNDERLY	ring												
CAUSE (Disease or inj that initiated events	ury	DUE TO	(OR AS A COA	SEQUENCE OF	F):								
resulting in death) LA	ST	d											
PART II. Other eignific  Dement		a contributing to	death but n	ot resulting	in the u	nderiyin	g cause	given in		PERFORM	AED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
									_				1 TYES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					60.0	10000	FATTLE					
EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:			heck only one)				
1 TYES 2 NO		1 Inpatient 2		28b, TIM	-			esidence	6 Other (Sp				•
	Pending		Day, Year)	IN.	URY	WC	JURY AT ORK? YES 2 [	T NO	28d, DESCRI	BE NOW IN	JUHT OCC	UHED	
2 Accident	Investigation	26e, PLACE (	OF INJURY — A	t home farm	street for			_ NO	28f. LOCATIO	M /Sheet or	ad Mumbus	or Dunel I	South Mumbus
3 Suicide 6 Homicide	Could not be determined	building	etc. (Specify)	a tronne, rentin, i	-1100t, 10C	itory, orne			City or To	own, State)	NO INUMBER	or murai r	NOUTE NUMBER
anal and		CIAN: To the bast of											) and menner ee stated.
								ENSE NU					(Month, Day, Ybar)
296. SIGNATURE AND TITL	E OF CERTIFIES										290. DATE	SIGNED	
296. SIGNATURE AND TITL	E OF CERTIFIES	11/	- by	n				155	)			121	1/13
Jul	-10	MC	ISE OF DEATH		Prines		1-	155	357		<u> </u>	12/	0/13
296. SIGNATURE AND TITL	OF PERSON WN	MC		(ITEM 27) (Type	, Print)		1 6	133	,	1	1	12/	0/13
Jul	of person wh	o COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)	£ /	le s	133	55 7 Si	<i>t</i>	Roo	12/ Sev.	120852 16 MD
31. DATE FILED (Month, Day	of person wh	o COMPLETED CAU		(ITEM 27) (Type	Print)	£ 0	Je S	133	su 51	+	Roo	129 Sev.	0/83

	1. DECEDENT'S NAME (First, Middle, L	el P	Ten	cel P	h	encer	2. DATE	OF DEATH	"P ig	TAR 3. TIME OF
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HR	7. DATE	OF BIRTH	0 11	BIRTHPLACE (State
	193-01-3147	1 K M 2 F	88 YRS.	MONTHS	DAYS	HOURS MIN	(Month	1. Day, Year)		zechosbya
	9a. FACILITY NAME (If not institution, g	live street end number)		9b. CITY, 1	TOWN OF	R LOCATION OF				Y OF DEATH
DIRECTOR	Holy CRoss Hosp:			Silv	er S	Spring			Mont	gomery
EC	10e. STATE 10b. COL		10c. CIT	Y, TOWN OR	LOCATI	ON				10d. INSID
BIG	Pennsylvania		Bob	town						1 YES
AL	10e. STREET AND NUMBER		100	400	101.	ZIP CODE			10g. CITIZE	N OF WHAT COUN
ᄪ	218 Adelaide St	reet				15315			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 NO	H y	yes, spe	NDENT OF HIS city Cuban, Mes 2 NO Sp	ican, Puerto f		e or No — 14	RACE — America Black, White, atc Specify: Whit
80	15. DECEDENT'S		16a. DECEDENT'S	USUAL OCC	CUPATION	N	16b.	KIND OF BU	SINESS/INDUS	
E	(Specify only highest of Elementary/Secondary (0-12)	(rade completed)  College (1-4 or 5 +)	(Give kind of v	work done du se retired.)	iring mos	t of working				
APL	12		Coal M	liner				Coal :	Mining	
COMPLET	17. FATHER'S NAME (First, Middle, Last	)				18. MOTHER'S				
BE	Joseph Tencer						rine K			
2	19e. INFORMANT'S NAME (Type/Print)					Number or Ru				ode)
	John Kocerka				_	d Bobt		_		
	20s. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 1	Removal from State	20b. PLACE AND DATE ( cometery, cremetory or o	ther place!			DATI			ty or Town, State
	4 Donation 5 Other (Specify)		Evergreen				Economic St.			ion, PA Funera
	IMMEDIATE CAUSE (Final	or complications that cau	used the death. Do non each line.		ver	Sprin				it, App
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(Check only on the 6 Other 28d. DES	24e. WAS AN PERFOI 1 VES :	AUTOPSY RMED?  INJURY OCCUMENT Number or only a stated and due to the of	24b, WERE AUTO AMAILABLE COMPLETE OF DEATH?  1  YES  RED  Rural Route Number  cause(s) end mann

37301 93

REGISTRAR	SINIE OF MAIN	YLAND / DEPART Certifi	TMENT OF HE		MENTAL	REG. NO.	93	37301
	19aret Tr	imble			2. DATE O	DAY	2-9"	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5 443-12-5931	1 □ M 2 💢 F	GE (In yrs. lest birthday) 76 YRS.		IF UNDER 24 HRS. HOURS MIN.		Day Year)	1917 W	ASHINGTON, D
9a. FACILITY NAME (If not institution,  MONTGOMERY ( RESIDENCE OF DECEDEN	GENERAL HOSPI	ΓAL	OLNEY	LOCATION OF DE	ATH		MON'	OF DEATH TGOMERY
100. STATE 10b. CO			OCKVILLE	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER  11005 TROY	ROAD		10f. :	ZIP CODE 208	352			USA
11. MARITAL STATUS  1 Never Married 2 Married  3 Divorced	12. WAS DECEDENT EVE FORCES7 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spec	NDENT OF HISPAN city Cuben, Mexica NO Specify	n, Puarto Ri		or No — 14.	BACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use LIBRAR		of working			OVERNI	
17. FATHER'S NAME (First, Middle, Las		LIDIAN		16. MOTHER'S NA			-	MENT
JAMES	TRIMBL	E		MILDRE	ED		INGRAI	HAM
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and					
S STEPHEN 294. METHOD OF DISPOSITION		11005	TROY RO		ROCKV			852 r or Town, State
1X Burial 2 Cremation 3 4 Donation 8 Other (Specify)	Removal from State	cemetery, cremetory or oth CEDAR HI	LL CEMET	ERY	12/6		TLAND	
21. SIONATURE OF FUNERAL SERVICE	CE LICENSEE		FRANC	IS J. CO	DLLIN	S FUNE	ERAL H	OME, INC. L. SP., MD 2
IMMEDIATE CAUSE (Finel	lure. List only one cause of	n each line.	ot anter the mod	a of dying, sucl	h aa cardi	ac or reapin	atory arrest	Interval Between
disease or condition resulting in death)	a. Cardio	pulmon	ovy 1	ARRES	E			minute
	a. Atria	polmon  sa consequence of  estive the  sa consequence of  fibri  sa consequence of	Vation		F			1
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Seco	1. DECEDENT'S NAME (First, Middle, Last)	1						11	2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
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Donestion 5   Other (Specify)	Da. METHOD OF DISPOSITION	morei from State				ION (Na	ne of		DAT	E 20c. LO	CATION —	City or To	own, State	
1. SIGNATURE OF PUMERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901  ADDRESS OF CONDITION OF COLUMN STIL.SPR., MD.20901  ACCUTE MYDIC ARD JAL. JN FAR CTION  DUE TO (OR AS A CONSEQUENCE OF):  a. DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUE		WOVER HOTH State				EMET	ERY		12/	7 BRE	NTWOO	D.M.	ARYLAND	
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ETED BY PHYSICIAN: MEDICAL CERTIFICATION	MAEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions and initiated events resulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR A  b. DUE TO (OR A  c. DUE TO (OR A  d	AST D TO  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF  IS A CONSEQUENCE OF	500 st enter the  2: 0: 1: 1: 1: 1: 2: OTHER: 4   Nursing   1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	UNIVERSIT	Part I.	24a. WAS AN. PERFOR  1 YES 2	AUTOPSY MEO7  AUTOPSY MO  NJURY OCC	24b. W	Approximatinterval Bet Onset and I	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DEC 0 6 1993

Lika Davidson Randall

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-trans	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Flours after death. Place 6 may be retained by the bospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Deet of Health and Mental Horizon thomas on the punial command on removal	INTERNATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF

	1. DECEDENT'S NAME (First	. Middle Lest)					- 01	DEA		2. DATE O	DEATH	_		3. TIME OF DEATH
	TATIANA 4. SOCIAL SECURITY NUM	Tho	Ma 5	THOMAS		_				NOA	. 30	, 19	953"	7:10 P. M
	213 56 1311   1 M 2 F 43						1 YEAR DAYS	Month, Day, Mary Dec. 18, 1949 Mary					ryland	
TOR	HOLY CROSS HOSPITAL STLVER SPRING MONTGOMERY													
DIRECTO	10e. STATE 10b. COUNTY PRINCE GEORGES					y, town ( KOM	A P	TION ARK						10d. INSIDE CITY LIMITS? 1 X YES 2 ND
FUNERAL	100. STREET AND NUMBER			10	f. ZIP COD	0912			10g. CITI		S.A.			
BY FUN	I I Here melled I 23 melled					- 3	If yes, sp		ın, Mexicar	n, Puerto Ric	(Specify Yea can, etc.)	or No	14. RACE Bleck Speci	- American Indian, t, White, etc.
E		EDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATION	ON		16b. F	(IND OF BUS	INESS/IND	DUSTRY	
COMPLET	(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5 +	-) <i>Ill</i>	Give kind of v b. Do NOT us  LLEGE	e retired.)				CC	LUMB	IA U	JNIO	N COLLEGE
0	17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NAI	ME (First, Mic	ddle, Maiden S	Sumame)		
BE C	GEORGE	TF	ATUM						RUT	H	CAPM	AN		
TO B	19a. INFORMANT'S NAME (	Type/Print)	10.78	11	9b. MAILING	ADDRESS	(Street	and Number	r or Runal R	Route Numbe	, City or Town	n, Stete, Zip	Code)	
-	-	MUTA			5	AME	AS	10	е					
	20a METHOD OF DISPOSIT  Buriel 2 Crematic  Donation 5 Other	on 3 Rem		cemetery cr	remetory or of	her nlenel			Cem	oate		/6/9		wn. State delphi, Md
	21. SIGNATURE OF FUNERA	LERVICE AN	A Byl	/~		T	AKC		FUNE	ERAL	HOME TON,			4 CARROLL 0012
CERTIFICATION	Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthst initiated events	diate iNG ury	SEVE	(OR AS A CONSE (OR AS A CONSE RE (DR AS A CONSE	EDUENCE OF	1: 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	ER	FOR	247	4	/.			
CER	resulting in death) LAS		a. HCUT			4								1\$510N
I: MEDICAL	PART II. Other algorifica	ent condition	na contributing to	deeth but not	reaulting I	n the un	deriyin	g cause	given in i		PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:			OTHER	₹:			eck only one)		-		
₹	1 YES 2 NO		1 26a. DATE OF		3 DOA	- 7			esidence	6 Other		1111001 0.01		
BY PI	N	Pending Investigation	(Month, D	ay, Year)	INJ	M	1 🔲	PES 2	□ ND	28d, OESC	RIBE HOW IN	NJURY OC	CURED	
ETED	3 Suicide 6 4 Homicide	Could not be determined	29a. PLACE O building,	F INJURY — At h etc. (Specify)	ome, farm, s	treet, fect	ory, offic	•			TON (Street al Town, State)	nd Number	or Rural R	loute Number,
COMPL			ICIAN: To the best of ER: On the besis of a											) and menner se stated.
TO BE	SIGNATURE AND TITLE	140	udall	, N	W.			29c, LIC	S T	ABER 72 =	36	29d. DAT	SIGNEO	(Month/Dey, Year)
	CARONY N	HEN	ORICK.	S M	EM 27) (Type,	Print) 80	8	PH	1510	· UAN	S LA	WE	-	20850
	DEC 0			R'S SIGNATURE	ndell						RUC	KV	ille	NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last)	CECIL WILL	ELD			2. DATE OF DEATH	Dec 5	73 73	3. TIME OF DEATH 6:		
	4. SOCIAL SECURITY NUMBER 579-48-7474	1XX M 2 □ F	71 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 26,	1922	Country	na Canal Z		
TOR	90. FACILITY NAME (If not institution, give Suburban Hospital RESIDENCE OF DECEDENT			Bethes	da	EATH		ontgo			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Montgomery Silver Spring										
FUNERAL	100. STREET AND NUMBER 2301 Musgrove Roa		, , ,		01. ZIP CODE 20904		10g. CIT	IZEN OF WI	1 KKYES 2 NO		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XXYES IF YES, GIVE WAR OR 1944 - 194	DATES	It yes, s	CENDENT OF HISPAI specify Cuban, Maxica S 2 NO Specif	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yes or No-	Black, Specify	American Indian, White, stc.		
COMPLETED	15. DECEDENT'S EQ. (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S (Give kind of ille. Do NOT u	B USUAL OCCUPAT work done during n se retired.)  Pr Syste	nost of working	US GO	overnm	DUSTRY	itte		
BE COI	17. FATHER'S NAME (First, Middle, Last) William van t Vel	_d				ME (First, Middle, Meld a Rangel	en Sumame)				
TO B	196. INFORMANT'S NAME (Type/Print)  Mary M. van't Vel				and Number or Rural	Route Number, City or 1			land 2090		
	20a METHOD OF DISPOSITION 1\(\frac{1}{2}\) Suries 2 \(\subseteq\) Committee 3 \(\subseteq\) Rem 4 \(\subseteq\) Donation 5 \(\subseteq\) Other (Specify)	20	IN PLACE AND DATE	OF DISPOSITION /	Vame of	DATE 200 I	OCATION	Other on Town			
	21. SIGNATURE OF FUNERAL SERVICE EN	See heel		Hine	s-Rinaldi	E Funeral	Home		Spring, M		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A Spiratum Pneumatu  Due to (or as a consequence or):  Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence or):  Due to (or as a consequence or):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:	tostlent 3 DOA	OTHER:	PLACE OF DEATH (Ch	, - ,					
ву Рну	27. MANNER OF DEATH  1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED			
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, ecify)	street, factory, offi	се	281. LOCATION (Street City or Town, Sta	et and Number le)	or Rural Ro	ute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the bast of my known	wiedge, death occurr	ed at the time, dat	a and piece, and due death occured at the	to the cause(s) and m	sanner as ates	led.	and manner as stated		
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	There	an		29c. LICENSE NUN	ABER	29d. DAT	E SIGNED (	Month, Day, Year)		
	Peter C. Hill 31. DATE FILED (Month, Day, Year)	0 COMPLETED CAUSE OF OI 1601 18th St p. 32. REGISTRAR'S SIGN	treet NW		Washingto	on, D.C. 2	20009				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recours after death. Page 6 may be retained by the hosp
DALLINOUL, MANILAIN	Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Consti

1. DECEDENT'S NAME (First, Middle, Last)	= 1/-		ERTIF	ICATE	UF	DEA	I H	2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
BESSI								12		-	98	3.40 m
4. SOCIAL SECURITY NUMBER  579-22-7738	5. SEX 1 ☐ M 2 🔯 F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	(Mont)	OF BIRTH	, 190	8. BIRTH	PLACE (Stelle or Foreign TY) IRGINIA
Sa. FACILITY NAME (If not institution, give at	211	- 07		9h CITY	TOWN (	R LOCATI	ON OE D		1. 17	-	INTY OF E	
	OSPITAL					ER SE						MERY
RESIDENCE OF DECEDENT	OBITIAL				TLIVI	M DI	1/1/14/	3		110	MIGC	MERT
MARYLAND MO	NTGOMERY			Y, TOWN C			3					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 9402 SIERRA S	TREET				101	. ZIP COD		903		10g. CI1	USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		1 3	If yes, sp		in, Mexico	in, Puerto	f? (Specify Yes Ricen, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	) (G	ECEDENT'S Sive kind of Do NOT us	work done se retired.)	CCUPATH during mo	ON st of working	ng	16b	. KIND OF BU	SINESS/IN	DUSTRY	WILLE
12 17. FATHER'S NAME (First, Middle, Last)	OHADI B		OMEMA		_							
17. FATHER'S NAME (PISE, MIDDIE, LEST)	CHARLE	o .	MY	ERS				ME (First, I	Middle, Maiden			
19a. INFORMANT'S NAME (Type/Print)		1 10	MAII INC	ADDRESS	Chan at a		LLY	Courte Muse	ber, City or Tow	NNER	0.41	
MICHAEL VOLP	F								SPRIN			1002
20s. METHOD OF DISPOSITION	E	20b. PLACE				-	STI	DAT				1903
1 Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from State	GAT	emetory or o	the chiacel	EN (	EMET	FRY	12/4	ST			ING, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Onti	L OF	22.	NAME AL	ID ADDRE	SS OF FA	CILITY	51.			
1 Janes &	Doop	Y		5	RANG 00 U	INIVE	ERSI:	OLLIN	S FUN	ERAL	HOME	E, INC. SP., MD 209
23. PART I. Enter the diseases, or cahook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cou	ceused the de se on each line OR AS A GONSE	i	He			- 1	lux		iratory ar	reat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE			no	us						
PART II. Other algorificent conditions Chronic Ob Chronic A		deeth but not in the second		in the ur	al and and and and and and and and and and	Di	given in		24a. WAS AN PERFOI 1 YES 2	RMED?	24t	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF D	EATH (Ch	eck only or	ne)			
1 YES 2 XNO	HOSPITAL:	ER/Outpatient 3	3 DOA	OTHE!		• 5 □ R	ealdence	6 □ Othe	e (Specify)			
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  1NJURY  28c. IME OF INJURY INJURY							AT 2ad. DE\$CRIBE HOW INJURY OCCURED 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho	ome, farm,	street, fact					ATION (Street or Town, State)		or or Rurei	Route Number,
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE												s) and manner as stated.

10h COUNTY

3. TIME OF DEATH

1:20

8. BIRTHPLACE (State or Foreign

Virginia

Washington 10d. INSIDE CITY

VEAR

993

Washington Williamsport 1 YES 2 X NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16713 Buford Drive 21795 USA 14. RACE — American Indian, Black, White, atc.

10c. CITY, TOWN OR LOCATION

11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex

Specify: White 16b. KIND OF BUSINESS/INDUSTRY

12 years 17. FATHER'S NAME (First, Middle, Last)

Elementary/Secondary (0-12)

10a STATE

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CERTIFICATION

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prior to

Maryland

18, MOTHER'S NAME (First, Middle, Maiden Surname) Nannie Fogle

Edgar Allen Zigler 19a. INFORMANT'S NAME (Type/Print)

Coffege (1-4 or 5 +)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code, 11413 Manse Road Hagerstown, Maryland 21740

school

Nancy L. Rouzer 20e. METHOD OF DISPOSITION
1 String 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- Cify or Town, State Rest Haven Cemetery 12/4 Hagerstown, Maryland

teacher

23. PĂRT I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Donation 5 Other (Specify) TURE OF FUNERAL SERVICE LICENSEE

ahock, or haart fellure. List only one cause on each line.

22. NAME AND ADDRESS OF FACILITY
Gerald N. Minnich Funeral Home

305 N. Potomac Street Hagerstown, Maryland

Interval Between Onset and Death

OF DEATH?

▶ DECEMBER 02, 1991

48 HOURS

resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

4 Homicide

IMMEDIATE CAUSE (Finel

disease or condition___

DUE TO (OR AS A CONSEQUENCE OF): DUE TO JOR AS A CONSEQUENCE OF:

**PNEUMONTA** 

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CONGESTIVE HEART FAILURE PLETION OF CAUSE 1 TYES 2 NO

29c. LICENSE NUMBER

D 33700

-					_   ' '	_ 1ES 2 _ NO
25. WAS CASE REFERRED TO MED	CAL			26. PLACE OF DEATH (C	heck only one)	
EXAMINER?		PITAL: patient 2 ER/Outpatient 3	□ DOA 4-□	IER: Nursing Home 5 - Residence	6 Other (Specify)	
27. MANNER OF DEATH  1 Average Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street		6a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED	
3 Suicide 6 Could 4 Homicide determ	ot be	te. PLACE OF INJURY — At he building, etc. (Specify)	ime, farm, street,	factory, office	26f. LOCATION (Street and Number or Rural Route City or Yown, State)	Number

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of axe ition end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) end manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TED E. HOWE, M.D., 18100 MARDEN LANE, OLNEY, MD 32. REGISTRAR'S SIGNATURE

31, DATE FILED (Month, Day, Year) UEC 0 2 1993

whi Dender Rendell

DHMH-16 Rev 1/89

use as the burial-transit or attending physician. BALTIMORE, MARYLAND 21203-3146 P Page 6 may be retained by the hospital director, page 5 should be detached in by the funeral d removal. rs after death. in by and completely fille burial, cremation, BOX 13146, has been signed by the attending physician of Dept. of Health and Mental Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL RECORDS, P.O. After this certificate death with the State L DIRECTOR: A hours after of tem 28 Is COST 1

burial-transit

funeral director, page 5 should be detached for use as the

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the programment of the pro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ithin fours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.	nt, the medical	
ite be executed wi	ysician and comply prior to burial, cre	traumatic ever	
the death certifica	the attending phy f Mental Hygiene	injury, or other	
law requires that	ept. of Health and	23 shows any	
PHYSICIAN: The	this certificate ha	rrked, or item ;	
DR ATTENDING	DIRECTOR: After hours after death	item 28 is ma	
THE HOSPITAL	TO THE FUNERAL	IMPORTANT: H	

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

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4 Homicide

(Check only one)

29b. SIONATURE AND TITLE OF CALL

30. NAME AND ADDRESS OF PERSON W

Esther Rosalie Whitlow 93 37308 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Whitlow sther 0050 A 93 4. SOCIAL SECURITY NUMBER 5. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Pay, Year)
April 22, 8. BIRTHPLACE (State or Foreign 219-36-4903 Mary land 1 M 2 XF DAYS HOURS YRS 1910 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital DIRECTOR Hagerstown WASHINGTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cascade Maryland Washington 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21719 Water Company Road USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 N NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, DIVE WAR OR DATES specify: white BY 3 Widowed 4 Divorced BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) on (1-4 or 5 +) Victor Cullen Hospital Nurse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Clarence Hubert 19s. INFORMANT'S NAME (Type/Print) B. Mildred Morga 20a, METHOD OF DISPOSITION
1 Description 2 Cremetton 3 Rem
4 Population 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural
Accident
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ice Hubert	valentine			Laura	Bess:	le Baker		
dred Morgan 408 Jeff				ss (Street and Number or Aura erson Street		city or Town, State, Zip Corstown, Mai		21740
DISPOSITION Cremetion 3 Rem Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Compa			FAND DATE OF DISPO					
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JNDERLYING se Dr Injury events seth) LAST	e. DUE TO (OR	AS A CONSI	EOUENCE OF):					
algnificant condition	ne contributing to de	oth but not	resulting in the cees	underlying cause given in		PERFORMED?	AMILAE COMPLI OF DEA	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE TH? ES 2 NO
FERRED TO MEDICAL	HOSPITAL:	/Outpatient	3 DOA 4 N	28. PLACE DF DEATH (C ER: ursing Home 8  Residence		Specifyl		
8 Pending	28e. DATE OF INJ (Month, Day, )	URY	28b. TIME DF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	-	RIBE HOW INJURY OCCU	RED	
6 Could not be determined	28s. PLACE OF IN building, etc.	JURY — At h (Specify)	nome, farm, street, fa	octory, office	28t. LOCATI City or	ON (Street and Number or Town, State)	Rural Route Nur	nber,
•	Welc	F DEATH (IT.	EM 27) (Type, Print)	otime, date and place, and du opinion, death occured at the 29c. LICENSE NU DI// Z	e time, data an	d place, and due to the		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physici.	be med writin z roous after beads with the plant begin or realth and Mental hybers prior to burla, cremation, or remova:  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within , its after death. Page 6 may be retained by the hospital or att	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within it is after death. Page 6 may be retained by the brospital or attending physician.  TO THE HOSPITAL DRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit permit. P

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND (	/ DEPAF ERTIF	RTMENT	OF H	IEALTH DE A1	AND I	MENTAL HYGIEN	_	3	37309
	1. DECEDENT'S NAME (First, Middle, Last)				10/1/	- 0.	DE71.		2. DATE OF DEATH			3. TIME OF DEATH
	META J.	WASH	41NG7	TON	)				MONTH D	AY	93	135/4
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	212-14-6095	1 🗆 M 230 F	80	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year) 6-11-19	13	Country	Aryland
	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	OR LOCATIO	ON OF DE			NTY OF DE	Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o
DIRECTOR	Clearview N	Jursing	Home		H	age	rste	WM			Wash	nington
RE	10a. STATE 10b. COUNT	TY		10c. CIT	TY, TOWN O	R LOCAT	ION					10d. INSIDE CITY
						Has	gers	tow	n			LIMITS?
Z	10e. STREET AND NUMBER						ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
Ē	55 E. Washingt	on Stre	et				2	174	0		U	5.A.
BY FUNERAL	1 Divorced IF YES, GIVE WAR OR DATES 1 YES IN NO					F HISPAN Nexical Specify	n, Puarto Rican, etc.)	or No-		— American Indian, White, etc.		
<u>B</u>	15. DECEDENT'S EDU (Specify only highest grade	JCATION (a completed)	16a. DE	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	INESS/INE	DUSTRY	DIACK
COMPLETED	Elementary/Secondary (0-12) Secondary	College (1-4 or 5	+)	HOME			st of working	g				
0	17. FATHER'S NAME (First, Middle, Last)			160			18. MOTN	FR'S NAI	ME (First, Middle, Malden	Crumome)		
	Unk nown	ji .					10. 1		ola Saund			
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street at	nd Number		Poute Number, City or Town			
2	Nettie A.Hug	hes	4.	43 W	Bet	hel	L St.	Hag	gerstown	Md,	2174	.0
	20e. METNOD OF DISPOSITION 3 Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cre- ROS	matory or o	oF olsposi therelace)	Cem			43 - 71-1		town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				NAME AN	O ADDRES	S OF FAC	CILITY			
	mary J.				100		n F.		24 W.Bet	COURTS	. Md.	
	23. PART I. Entar tha chasses, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Au	it caused tha da use on each line IOR AS A CONSEC	loure	46	lew	e-		a a cardiac or reapi	ratory arr	rest,	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST	c 4	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	anie	1	4/	Selan	wea	eg Sucan			
MEDICAL	PART II. Other significant condition Receptor Minkel	Celefial	hills	asulting i	n the unc	Jarlying	causa gi	ivan in F	Part I. 24s. WAS AN PERFORI	MED?	+	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL		, ,			26. PL/	ACE OF DE	ATH (Che	ck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DOA	OTHER:				5 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIME	E OF	28c. INJU	JRY AT	V .	26d. DESCRIBE HOW IN	JURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ly, rear)	ING	URY M	WOR	RK? ES 2	NO				
	3 Suicide 6 Could not be datarmined	28e, PLACE Of building,	F INJURY — At her atc. (Specify)	me, tarm, e	dreet, factor	ry, office		1	28t. LOCATION (Street at City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of	my knowledge, de-	ath occurre	id at the tin	ne, data a	and place, a	and due t	to the cause(s) and man	ner sa atate	ed,	
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIES						29c. LICEN					Month, Day, Year)

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Muys

Edison B. Moody MD 1190 Mt. Aetna Rd. Hagerstown, Md, DEC 06 1993

DNMN-16 Ray 1/89

BALTIMORE, MARYLAND 21215-0	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
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F VIT	ICIAN: The	certificate ha
N OF VIT	IG PHYSICIAN: The	er this certificate ha
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITENDING PHYSICIAN: The	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death neutrinear he executed within sure after death. Page 6 may be retained by the bosonial or attending observing	THE FINERAL DIRECTOR After this certificate has been stored by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the humainstroad programment of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OCPITAL	INFRA	ithin 72	UNT: II
THE H	TO THE FI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORT
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37310 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 . S	OR TATE JEGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH			37310
1. DEC	EDENT'S NAME (First, Middle, Last) DOROTHY	L. WILDI	NG		2. DATE OF DEATH MONTH DECEMBER	DAY 2, 1993	
	CIAL SECURITY NUMBER			FUNDER 1 YEAR IF UNDER 24 A	MS. 7. DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign country)
	12-64-5035 CILITY NAME (If not institution, give	1 □ M 2 💢 F	89 YAS.		AUG. 16,	1904 WA	ASHINGTON, DC
NO.	(00)	RIVE		BETHESDA	9c. COUNTY OF DEATH  MONTGOMERY		
10a. ST	TATE 10b. COUNT	Y	10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	RYLAND	MONTGOMERY		BETHESDA			1 Nes 2 No
10e. ST	COOL MONTE			10f. ZIP CODE	20814		OF WHAT COUNTRY?
¥ 11. MA	6331 TONE	DRIVE 12. WAS DECEDENT EVER	IN U.S. ARMED	19 WAS DECEMBENT OF H	USA		
à 3 ₫V	lever Married 2 Married Widowed 4 Divorced	FORCES? 1 YES	2 V NO	If yes, specify Cuban, N	iexican, Puarto Rican, etc.)		RACE — Americen Indien, Bleck, White, atc. Specify: HITE
	15. DECEDENT'S EDG (Specify only highest grad	JCATION e completed)	16e. DECEDENT'S US	VAL OCCUPATION	16b. KIND OF E	SUSINESS/INDUST	RY
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Ele 17. FAT	12 HER'S NAME (First, Middle, Last)		НОМЕМ				
	USTAV LAUTEN				S NAME (First, Middle, Maid		
19a IN	FORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street and Number or I	HILDA NA		0)
2 _{ا ا ا}	SEPH W. WILDIN	G		LLEVIEW DRIV			
	ETHOD OF DISPOSITION uriel 2 Cremetion 3 Ren		b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c.	LOCATION — City	
4 🗆 D	onation 5 Other (Specify)		GATE OF HE	AVEN CEMETER		LVER SPR	RING, MARYLAND
21. SIG	NATURE OF FUNERAL SERVICE LI	CENSEE		FRANCIS J.		FRAT. HOW	IF INC
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11	ii. Other eignificent conditio	d.	but not required in	the underlying cause alive	o le Port I de une	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
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25. WA	S CASE REFERRED TO MEDICAL			26. PLACE OF DEAT	H (Check only one)		
10	YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		THER:  Nursing Home	once 6 🗆 Other (Specify)		
112	NNER OF DEATH  Netural 5 Pending Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY AT WORK?  M 1 YES 2 N	28d. DESCRIBE HOV	V INJURY OCCURE	D
	Suicide 6 Could not be determined	26a. PLACE OF INJUR building, etc. (Sp.	tY — At home, farm, streecify)	et, factory, office	281. LOCATION (Stree City or Town, Sta	et and Number or Ru te)	ural Route Number,
	-1			et the time, data and place, and in my opinion, death occured a			use(a) and manner as stated.
296.5	BULL OF CENTRAL	1. Ein	·	29c. LICENSI D 0469		29d. DATE SIG	MED (Month, Day, Year)
GII	LBERT M. EISNE	R, M.D. 114	5 19TH STR		ASHINGTON, 1	o.c. 200	36
	TE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	Randall.				
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DIVISION OF VITAL RECORDS, P.O. BOX 6876.

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or attending physic	r use as the burial	
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ge 6 may be retain	lirector, page 5 sho	r must be notifi
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed write cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Para find within 72 hours after death with the State Deat of Health and Mental Hurisine prior in burial cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
secured within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire sind within 72 hours after death with the State Dent of Health and Mental Horisine prior to build cremation or removal	atic event, the n
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quires that the dea	n signed by the att	tows any injury,
SICIAN: The law re	certificate has been the State Dent of	d, or Item 23 st
RATTENDING PHY	RECTOR: After this use after death with	m 28 is market
THE HOSPITAL OF	THE FUNERAL DI	PORTANT: If Ite

		CERTIF	ICATE	OF DEATH	REG. NO		3. TIME OF DEATH	
SAMUEL FOWLER	WARNER, III				MONTH E	, 1993		
4. SOCIAL SECURITY NUMBER		In yrs. lest birthdey) 2 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.8	MRTHPLACE (State or Foreign country) assachusetts	
Se. FACILITY NAME (If not institution, give street	et and number)		96. CITY, T	OWN OR LOCATION OF		9c. COUNTY		
Sylvan Manor Nurs	ing Home		Silv	er Spring		Montg	omery	
10e. STATE 10b. COUNTY			y, TOWN OR	ton, D.C.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER	1			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
7815 12th St. N.				20012			S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (A) NO	11/3	AS DECENDENT OF HISPA res, specify Cuben, Mexic YES 2 NO Spec			RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S	work done du	UPATION ring most of working	16b. KIND OF BU	ISINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us Ov	ne retired.)		Laun	dries		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	IAME (First, Middle, Maider			
Edmund Nash Warner			Clarabelle Somerby Dillaby					
19a. INFORMANT'S NAME (Type/Print)					I Route Number, City or To			
Mary R. Warner	Ton				Washington			
1 Donation 15 Other (Specify)	if from State cem	PLACE AND DATE	ther niece)			OCATION — City		
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE )	. COMI OI	22. N/	ME AND ADDRESS OF		xandria	a. VA.	
> \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V (/			seph Gawler			20016	
23. PART I. Enter the diseases, or cor	nolicetions that caused	the death Do		30 Wisconsi	n Ave. N.W	Washi	ngton, D.C.	
shock, or heart fallure. Lie	et only one cause on e	nch line.			con se cardiac or resp	matory street,	Interval Betwee	
IMMEDIATE CAUSE (Final disease or condition	PACG	MOM	1A-	Sepa	LIS		Oliset and Ds	
resulting in death) a.		CONSEQUENCE O		- 44	r , 1	. 0.4		
Sequentially list conditions, 6.	Debi	1/art	m.	200	ydrati ease	21 /1/x	ALLY YEAR TO	
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	FI:	2:0	2000			
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	P:	211	ease			
resulting in deeth) LAST								
DART II Other classificant conditions								
PART II. Other significant conditions	contributing to death b	ut not resulting	in the und	erlying ceuss given i	n Part I. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
					1 TYES	2 NO	OF DEATH?	
						_	1 TYES 2 NO	
				AS. PLACE OF DEATH (C	Check only one)			
25. WAS CASE REFERRED TO MEDICAL			OTHER:					
EXAMINER?	IOSPITAL:	atlent 3 DOA	Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reside 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT			eldence 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED		
EXAMINER?	☐ Inpatient 2 ☐ ER/Outp  28e. DATE OF INJURY	28b. TIM	E OF 2	Bc, INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	.0	
EXAMINER?	☐ Inpatient 2 ☐ ER/Outp	28b. TIM			28d. DEŞCRIBE HOW	INJURY OCCUPE		
EXAMINER?  1	☐ Inpatient 2 ☐ ER/Outp  28e. DATE OF INJURY	28b. TIM	E OF 2	Bc. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State	end Number or R		
27. MANNEL OF DEATH  1 Netural 5 Pending Investigation  2 Accident Suicide 8 Could not be determined	Inpatient 2 ER/Outp 28e. DATE OF INJURY (Morith, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	E OF 2 IURY M	Bc. INJURY AT WORK? 1  YES 2 NO y, office	261. LOCATION (Street City or Town, State	end Number or R )		
27. MAN IST DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  290. CERTIFIER (Creck only)	Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	E OF 2 IURY M Itreet, factor	BC. INJURY AT WORK?  1 YES 2 NO  y, office  a, date and place, and do	281. LOCATION (Street City or Town, State	end Number or R	lurel Route Number,	
27. MANIES OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	E OF 2 IURY M Itreet, factor	BC. INJURY AT WORK?  1 YES 2 NO  y, office  a, date and place, and do	26f. LOCATION (Street City or Town, State se to the cause(s) and ma se time, date and place, e	end Number or R )  nner se stated, and due to the ce	lurel Route Number,	

EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	HOSPITAL:  1   Inpatient 2   ER/Outpatient 3   DOA    4   Nursing Home 5   Residence 6   Other (Specify)						
27. MANNES OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED			

DR. ROSITA DEE 8830 CAMERON ST. SILVER SPRING, MD. 20910 **SUITE #207** 

DEC 0 7 1993 32, REGISTRAR'S SIGNATURE whia Davidson

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTE, MAC DUVELLIAN. The law remaines that the death certificate he executed within
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TO BE CO!

30. NAME AND ADDRESS OF PERSO PAPAFL A. M. 31. DATE FILED (Month, Day, Year) DEC 1 0 1993

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Le			MENT OF HEALT		REG. NO.	3 37312
	LINWOOD 7	FRANKLIN	WEAT	KLEY	MONTH 2	X C	73" 1:50 PM "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			DER 24 HRS. 7. DATE Of (Month,		a. BIRTHPLACE (State or Foreign Country)
	216 09 0194	1 € M 2 □ F	80 YRS.	ONTHE DAYS HOUR	MIN. M 8/	14/12	VIRGINIA
-	9a. FACILITY NAME (If not institution, gi	ve atreet and number)	1	b. CITY, TOWN OR LOC	ATION OF DEATH	9c. COU	NTY OF DEATH
P	HOLY CROSS HO	SPITAL		SILVER SI	PRING	MOI	NTGOMERY
DIRECTOR	10a. STATE 10b. COU	NTGOMERY	XXX	XXXXEXEX	XXXX. SIL	VER SPR	I NG 10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 13822 LEIBI	G RD.		101. ZIP 0	) () ()	10g. CIT	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		T OF HISPANIC ORIGIN? uban, Mexican, Puerto Ric IO Specify:		14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	COUCATION ade completed)  College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	k done during most of wo	orking 16b. K	IND OF BUSINESS/INI	
MP	4		SELF EMP	PLOYED		CAR DRI	/ER
	17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NAME (First, Mid	idle, Maiden Surname)	
BE	JULIUS  19a, INFORMANT'S NAME (Type/Print)	WEAKLEY	405 14411 1110 4		ANNIE		NKINS
2	LINWOOD F. W	EARLEY ID			ber or Rural Route Number	; City or lown, State, Zij	o Code)
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	OF AS THE	DATE	20c. LOCATION -	City or Town, Stata
	1 Donation 5 Other (Specify)		metery, crematory or other		100	107	YANDRIA. VA.
	21. SIGNATURE OF FUNERIAL BERVICE	1 Sont		22. NAME AND ADO	RESS OF FACILITY	AKOMA FL	JNERAL HOME I
	23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that cause re. List only one cause on a PNEU	d the death. Do no each line.		UROSE,		Approximate interval Between Onset and Death
7	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	2470	5		
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONGES	A CONSEQUENCE OF):	HEART	FAILUK	35	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CORON	ARY	DISE	ASE		
PHYSICIAN: MEDICAL C	PART II. Other algorificant condit	lons/contributing to death	but not resulting to	the underlying cause) EMEN	e/given in Part i. 2	46. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check only one)		
SIC	EXAMINER?	HOSPITAL:		THER:	Residence 8 - Other (	Specify)	
ву РНУ	27. MANNER OF DEATH  15. Matural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	28d. DESC	RIBE HOW INJURY OC	CURED
PLETED BY PH	2 Accident Investigation 3 Suicide 6 Could not determined	28s. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, str	eet, factory, office		ION (Street and Numbe Town, State)	r or Rural Route Number,

A MATHEUS, MD 13018 GEOR.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	).	
1. DECEDENT'S NAME (First,	Middle Lest) E S Wils	24/		2. DATE OF DEATH	- o 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	DER 5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIFF	THPLACE (State or Foreig
220-70-3732	1 🗆 M 2 💢F	37 YRS.	MONTHS DAYS HOURS MIN.	JULY 7,19	956 W	ASHINGTON,
	stitution, give street and number)		9b. CITY, TOWN OR LOCATION OF I		9c. COUNTY OF	
WASHINGTON RESIDENCE OF DEC	ADVENTIST HOSPI	TAL	TAKOMA PARK		MONTO	GOMERY
10e. STATE	10b. COUNTY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY
	MONTGOMERY	SI	LVER SPRING			YES 2 N
	ELSEL DRIVE		101. ZIP CODE 20906			WHAT COUNTRY? STATES
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divor	I IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxie 1 YES 2 NO Specify	an, Puerto Rican, etc.)		CE — American Indien lick, White, etc.
15. DECI (Specify only	EDENT'S EDUCATION y highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION ork done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0		SECRE	retired.)	RESI	EARCH	
17. FATHER'S NAME (First, MI)	iddle Leat)	D D D D D D D D D D D D D D D D D D D		IAME (First, Middle, Meiden		
MAX JAN				S FINE	Sumamej	
19a INFORMANT'S NAME /	ype/Print)	19b. MAILING	ADDRESS (Street and Number or Rura	I Route Number, City or Tox	vn, State, Zip Code)	00006
GLENN V		3123 I	HELSEL DRIVE -	SILVER SPRI	LNG, MD.	20906
	ION in 3 (1) Hemoval from Spine	20b. PLACE AND DATE O	FDISPOSITION (Name of		CATION - City or	Town, State CH, VIRGI
4 Donation Other 21. SIGNATURE OF FUNERAL		KING DAVID				
1.4	74		DANZANSKY-GOL			
22 DATE L FOLIA DE A	and pa, or complications that c	and the death Day	1170 ROCKVILL			, MD. 208
disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injustial Initiated events resulting in death) LAS:	diate NG Iry Due 10 (O	IT AS A CONSEQUENCE OF	Lynsmy!	apti.	short	2-10 00 12 da 12 da
WEDICAL MEDICAL  nt conditions contributing to de	mutual part resulting in	Thinks	1 O YES 1	RMED?	NO. WERE AUTOPSY FINE ANALASKE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO.	
28. WAID CADE REPUBDIES OF EXAMINEST SAMO 27. MANORED OF DEATH	HOSPITAL	R/Outpetient 3 🗆 DOA	26. PLACE OF DEATH /C OTHER: 4 ○ Nursing Home 5 ○ Residence	SALES SALES SALES		
27. MANONED OF DEATH	28s. DATE OF IN. (Month: Day	JURY 286. TIME	OF 28c INJURY AT	36d. DESCRIBE HOW	INJURY OCCURED	
1 (c) Hetturet B	Pending Investigation	What') INJI	M 1 YES 2 NO	1		
□ 3 □ Suicide # □	Could not be 25s. FLACE OF II building, sto	NJURY — Al home, ferm, a L (Tipecify)	treet, factory, office	281. LOGATION (Street City or Town, State)	and Number or Hurs	/ Ploute Number;
290 CERTIFIER	/	- Park				
(Chick only	TIFYING PHYSICIAN: To the best of my					(A) and a ma
3	CAL EXAMINER: On the base of exam	ninacion eng/or investigation	-			
296 SHENATURE AND TITLE	Limb	an	29c. LICENSE N	J G G	≥ 17/	Month Day Year)
0						011
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE	. 1	Print)  CREENBELT ROAD	#II 1 ODEEN	IDEI M	ADVI AND CO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

03 1993

M.L.JR. ITEMS: 28d,e,f, PER MEO FILM G-708 2/7/94 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03 37311

	1. DECEDENT'S NAME (First, Middle, Last ERIC	в.	ZE	GER				2. DAT MOR	TE OF DEATH	DAY	YEAR 93	6:50
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER 24 HR	13.0-	E OF BIRTH		S. BIRTH	PLACE (State or Foreign
	212-92-4642	1 M 2 D F	26	YRS.	MONTHS	DAYS	HOURS MIN		oth, Day, Year)	1967	Country	vland
	So. FACILITY NAME (If not institution, give	street and number)			96. CITY	Y, TOWN O	OR LOCATION OF		.CII J		TY OF DE	
DIRECTOR	Washington Count	y Hospit	al		Нас	gers	town	1711		Wash	ningt	con
EC	10a. STATE 10b. COUN			10c. CI	TY, TOWN (	OR LOCAT	ION					10d. INSIDE CITY
H 1	Maryland Wash	nington		Ha	agers	stowr	1					LIMITS7 1 YES 2 NO
	10e. STREET AND NUMBER				,		. ZIP CODE	-		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	335 Daycotah Av	renue				100	21740				U.S.	λ
3	11. MARITAL STATUS	12. WAS DECEDE					ENDENT OF HIS				14. RACE	- American Indian.
- 11	1 Never Married 2 Married		1 YES				2 NO Sp		o Ricen, etc.)		Specif	, White, etc.
B	3 Widowed 4 Divorced						- 44				open.	White
	15. DECEDENT'S ED (Specify only highest gra-		,	18a. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON et al working	1	6b. KIND OF B	USINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	Me. Do NOT u	ise retired.)	Corning Inc.	or or working	- 1				
COMPLET		4 Yrs.		Counse.	lor				Childr	ens H	ome	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Firs	t, Middle, Maide	n Sumame)		11-14-
ш	James W. Zege	r				511	Jenn	ifer	М. Н	lul1		
B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	D ADDRESS	S (Street a	nd Number or Ru	ral Route Nu	imber, City or To	wn, State, Zip	Code)	
일	James W. Zeger			335 I	Dayco	tah	Avenue	Hag	erstow	n. Ma:	rvla	nd 21740
	20a. METHOD OF DISPOSITION			LACE AND DATE	OF DISPOS	SITION (Na				OCATION -		
	1 Buriel 2 occupation 3 Re	movel from State	cemete	ery, cremetory or	other place)							
	4 Donation 6 Other (Specify)		—   Sm	uthsbur	ra Cr	emat	ory 12.	-2-119	93 ISmi	thehim	ra i	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- I Sm	ithsbur	rg Cr 22.	NAME AN	Ory 12.	-2-119	93 ISmi	thsbu	rg, l	Maryland_
	21. SIGNATURE OF FUNERAL SERVICE	Fiom	)	M Ti	D 22.	NAME AN	as A.	FACILITY	1331	Easte	ern I	Blvd. Nor
	21. SIGNATURE OF FUNERAL SERVICE Douglas A.	Fiery	) quotos,	K Di	22. D F	ougl uner	as A. I	Fiery	1331 Hagers	Easte	ern I	Blvd. Nor
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Approximate Interval Betwoonset and D  Were autopsy find analizable Prior to completion of cau of Death?  Were 2 no
ERTIFI	21. SIGNATURE OF FUNERAL SERVICE IDOUGLAS A.  23. PART I. Enter the diseases, on shock, or heert failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined to certain personal control of the country in the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country investigation of the country 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(Check only ce 6 0 or 28d. 0 SU)  28f. Lu 28f. Lu 28f. Lu 28f. Lu 28f. Lu 28f. Lu 48f. Lu	24a. WAS A PERFO	Easte town plratory arm	24b.  24b.  24b.  27 Paral 6  W. Br.  e cause(s)	WERE AUTOPSY FIND AMPLIANCE PRIOR TO COMPLETION OF CAL OF DEATH?  WES 2 NO M ROOF

Penn Street, Baltimore, Maryland

DHMH-16 Rev 1/89

ours after death.	filled in by the funera
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Tours after death,	FRAI DIRECTOR After this certificate has been stoned by the attending physician and completely filled in by the funera
AL DR ATT	AL DIRECT
TIA	FRA

93 37315 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH A		L HYGIENE REG. NO.	93	37315
	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH		3. TIME OF DEATH
	ETHEL S. ZAHAROO	DLIS			DECI	EMBER 1, 1	993	9:00 P M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24	HRS. 7. DATE	OF BIRTH h, Day, Year)	8. BIRTHP Country	PLACE (State or Foreign
	001-26-2458	1 □ M 2 🖁 F 10:		UNITS HOOMS		. 19, 1889	GRE	
~	Se. FACILITY NAME (If not institution, give a	treet and number)	9b. CI1	Y, TOWN OR LOCATION	OF DEATH		OUNTY OF DE	
DIRECTOR	SHADY GROVE ADVE	NTIST NURSING	G HOME   RO	CKVILLE			MONTG	OMERY
18	10a. STATE 10b. COUNT		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?
		ONTGOMERY	SIL	VER SPRING				1 YES 2 NO
M.	10s. STREET AND NUMBER			10f. ZIP CODE	0.6	10g. C		HAT COUNTRY?
FUNERAL	13311 LYDIA STRE	12. WAS DECEDENT EVER IN	II S ADMED 14	209		N2 (Castle, Van et No		SA  - American Indian,
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, specify Cuben, I	Mexican, Puerto Specify:	Rican, etc.)	Black, Specify	White, etc.
ED B	41	2471041	1				WHI'	TE
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	during most of working	168	. KIND OF BUSINESS/I	NDUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOUSEWIFE		R'S NAME (First.	Middle, Maiden Surname	)	
E C	GEORGE SAVE	RAMIS		FIL		SEKOU		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or	Rural Route Num	ber, City or Town, State, .	Zip Code)	
2	FILOMENIE TSACOUN	IIS	13311 LYD	IA STREET	SILVE	R SPRING, M	D 20	906
	20a. METHOD OF DISPOSITION 1  Burlal 2 Cremation 3 Rem		PLACE AND DATE OF DISPO		DAT	E 20c. LOCATION	— City or Tow	vn, State
	4 Donation 8 Other (Specify)	HAI	tery, crematory or other plac RMONY GROVE		112/	4 PORTSMC	OUTH, N	H
	21. SIGNATURE ON FUNERAL SERVICE-LIS	zevišez .	25 F	RANCIS J.	COLLTN:	S FUNERAL	HOME.	TNC.
	Much J.	Franson		00 UNIVERS				
4.	23. PART I. Enter the diseases, or shock or beart fellure	complications that caused List only one cause on as	tha death. Do not ente					Approximata
	IMMEDIATE CAUSE (Final	0						Onset and Death
	disease or condition resulting in death)	Pheum	vonia					36 hours
		Maria A	CONSEQUENCE OF):	1			-14	36 hours
NO N	Sequentially list conditions,	b. Meta Stutic CA	CONSEQUENCE OF:	inknown o	rigin			13 menths
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE OF J:					
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST	4						
岁	DARY II. Oaker slanklassa oo dhis				10.	i v		
동	PART II. Other algnificant condition	a contributing to death bu	it not reaulting in the	inderlying cause giv	en in Part I.	24a. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 TYES 2 NO		OF DEATH?
								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TH /Chank only o	mal		
S	EXAMINER?	HOSPITAL:	THIS SERVICE	ER:	HELD AND THE			
¥	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpe 28a. DATE OF INJURY	28b. TIME OF	28c, INJURY AT		er (Specify) SCRIBE HOW INJURY O	CCUREO	
	Natural 6 Pending	(Month, Day, Year)	INJURY M	WORK?				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Specif	- At home, term, street, to	ectory, office		CATION (Street and Numi	ber or Rural Ro	oute Number,
TED	4 Homicide determined	bunuing, etc. (apeci	77		City	or Town, State)		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my knowle	edge, death occurred at the	time, data and place, a	nd due to the ce	use(s) and manner as s	stated.	
N N	anal cray	R: On the beals of examination						and manner as stated.
U U	29b. SIGNATURGAÃO TITLE OF CERUFIE	M	The last	29c, LICENS	SE NUMBER	29d. D	ATE SIGNED	(Month, Day, Year)
00	Mynet	Muy mo	7		231840	) >	12/2,	193
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	le Ave S	S. to 211	Parkins	1.110	21850
	31. DATE FILED (Month, Days Years)	32. HEGISTRAN S BIGNA	TUBERCLE DE	4 44.06 (-	ulle 219	1 COCCVIII	E 194	20.00
	DEC 0 6 1993	A COUNTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	- Contract					

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ze hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FL	be filed wi	IMPORTA

REGISTRAR  1. DECEOENT'S NAME (First, Middle	e, Last)						E OF DEATH			3. TIME OF DEATH	
	Ire	ne A	nderson	)		MON 1		) 19	YEAR Q 3		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (//	n yrs. lest birthday)	IF UNDER 1 Y			E OF BIRTH			PLACE (State or Fore	gn
224-34-6594	1A 1 M 2	DF 6	55 YRS.	MONTHS E	AYS HOURS MI	4/	3/28		V		
9a. FACILITY NAME (If not institution	n, give street and numi	Der)			OWN OR LOCATION O	F DEATN		9c. COUNT	TY OF D	EATH	Т
4002 Gelston				Balt	imore						
RESIDENCE OF DECEDE  10e. STATE 10b.	COUNTY		10c, CITY	, TOWN OR	LOCATION	-	_			10d. INSIDE CITY	-
Md			100	altimo					- 1	LIMITS?	
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	_
4002 Gelst	on Dr.				21229			US			
11. MARITAL STATUS	12. WAS DE	CEDENT EVER IN	U.S. ARMED		S DECENDENT OF N	SPANIC ORIG			14. RACE	— American Indian	
1 Never Merried 2 Merrie 3 Widowed 4 Divorced	IF YES,	? 1 TYES	TES X NO		YES 2 NO S	xican, Puerto ecify:	o Rican, atc.)		Specil	v.Black	
	1										
(Specify only highe	'S EDUCATION st grade completed)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done duri	JPATION ing most of working	.16	56. KIND OF BU	ISINESS/INDU	STRY		
Elementary/Secondary (0-12) 8TH	College (1-	4 or 5 +)	UNKN								
O I II  17. FATNER'S NAME (First, Middle, I.	.ast)		OHILLY	OWIN	18 MOTHER'S	NAME (FIEL	, Middle, Maiden	Cumpant			_
	ENNINGS					NELI		AMLET	ידי		
19a. INFORMANT'S NAME (Type/Pri	nt)		19b. MAILING	ADORESS (S	treet and Number or R						_
JOESEPH AN	DERSON				TON DR.		TO, M		,		
20a. METNOD OF DISPOSITION			PLACE AND DATE O		DN (Neme of	OA	TE 20c. LC	CATION — C	ity or To	wn, Stata	
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21. SIGNATURE OF FUNERAL SER											
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the ho	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

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	4 Donation 5 Dother (Speci	lfy)	Ĕni	tery, cremetory or oth ugu-Ukwu							Nigeria
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	REGISTRAR		LAND / DEPART CERTIFIC	CATE OF DEATH	REG. NO	
	1. DECEDENT'S NAME (First, Middle, Last				DATE OF OEATH	AV YEAR 3. TIME OF BEATH
	VIRGINIA LEE	ARO			Lecon	Der 23, 1903 9-11
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	MAN THE DOWN NAME OF	8. BIRTHPLACE (State or Foreign
	218-32-5881		50 YRS.	MONTHS DAYS HOURS M	3/3/33	Maryland
<u>«</u>	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION (	OF OEATH	9c. COUNTY OF DEATH
DIRECTOR	1603 Daytona Roa			Towson		Baltimore
1 22	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
		altimore		Towson		1 ☐ YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
NE NE	1603 Daytona Roa			212		USA
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify Year axican, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, atc.
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			pecify:	Specify:
	15. DECEDENT'S ED	I CATION				White
ETED	(Specify only highest grad	le completed)	(Give kind of wo	SUAL OCCUPATION ork done during most of working	16b, KIND OF BUS	SINESS/INDUSTRY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)				
COMPL	12th_grade 17. FATHER'S NAME (First, Middle, Last)		Head C		Hutzl	
	17. PATHEN S NAME (Prist, MIGUIN, LEST)			18. MOTHER	S NAME (First, Middle, Maiden	Surname)
BE	Edward McLain			Rita	Virginia Br	own
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street and Number or F	tural Route Number, City or Town	n, State, Zip Code)
-	Walter Brown		899 A	Railroad Lan	e Orrtanna	Pa. 17353
	20a. METHOD OF DISPOSITION 1   Burial 2 □ Cremation 3 □ Rec	noval from State	b. PLACE AND DATE OF	F DISPOSITION (Name of	DATE 20c, LO	CATION — City or Town, State
	4 Donation 5 Other (Specify)		Parkwood		12/27/93	Baltimore, MD
0.0	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE / / /	-	22. NAME AND ADDRESS O	F FACILITY	
1 1	1 motion	15 × 01	0612	Johnson Fun		
$\vdash$	23. PART I. Enter the diseases, or	complications that care	ad the death Do no	8521 Loch R	aven Biva.	Towson, MD 21286
	ahock, or haert failure  iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	each lina.			Interval Between
		and the second			LOVA IN	en all
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF:		ides R	enal
MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):	:	n In Part I. 24s. WAS AN	AUTOPSY 246. WERE AUTOPSY FINDIN MAILABLE PRIOR TO
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MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):	28. PLACE OF DEATH	n in Part I. 24e. WAS AN PERFOR	AUTOPSY 146. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REPERRED TO MEDICAL EXAMINER?  1 1 SES 2 NO  27. MANNER OF DEATH  1 Manual 5 Pending	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DIS contributing to death	A CONSEQUENCE OF):	28. PLACE OF DEATH OTHER:    Nursing Home   5   Reside	In Part I. 24e. WAS AN PERFORM  1 (Check only one)  1 (Check only one)  28d. DESCRIBE HOW II	AUTOPSY 246. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REPERRED TO MEDICAL EXAMINER?  1  Se 2 NO  27. MANNER OF DEATH  1  Marural 5 Pending	DUE TO (OR AS  C.  DUE TO (OR AS  d.  G.  DUE TO (OR AS  d.  HOSPITAL:  1   inpetient 2   ER/Out  (Month, Day, Year)	but not resulting in	28. PLACE OF DEATH OF WORK?  M   YES 2   NO	In Part I. 24e. WAS AN PERFORM  If (Check only one)  Ince 8 Other (Specify)  26d. DESCRIBE HOW II	AUTOPSY 246. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificent conditions to the conditions of the conditions of the conditions of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO	but not resulting in  tpetient 3 DOA (  28b. TiME INJUI  Y — At home, farm, strectly)	28. PLACE OF DEATH OTHER: 6   Nursing Home 5   Posicion OF 28c. INJURY AT WORK? 1 WORK? 2   NO	1 (Check only one)  28d. DESCRIBE HOW II  28t. LOCATION (Street a City or Town, State)	AUTOPSY FINON MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  NJURY OCCURED
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificent conditions to the conditions of the conditions of the conditions of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	DUE TO (OR AS  c. DUE TO (OR AS  d	but not resulting in  tpetient 3 DOA (  28b. TiME INJUI  Y — At home, farm, strectly)	28. PLACE OF DEATH OTHER: 6   Nursing Home 5   Posicion OF 28c. INJURY AT WORK? 1 WORK? 2   NO	n In Part I.  24e. WAS AN PERFOR  PERFOR  1 (Check only one)  2ed. DESCRIBE HOW II  2ed. DESCRIBE HOW II  2ed. LOCATION (Street a City or Town, State)  due to the cause(a) and man it the time, data and piece, and	AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO  NJURY OCCURED
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions are sufficient conditions. The second conditions are sufficient conditions ar	DUE TO (OR AS  c. DUE TO (OR AS  d	but not resulting in  tpetient 3 DOA (  28b. TiME INJUI  Y — At home, farm, strectly)	28. PLACE OF DEATH OTHER:    Nursing Home 5   Neside OF 28c. INJURY AT WORK?   Nursing Home 5   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   No. 1   YES 2   YES 3   YES 3   YES 4   YES 4   YES 4   YES 4   YES 4   YES 4   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5   YES 5	n In Part I.  24e. WAS AN PERFOR  PERFOR  1 (Check only one)  2ed. DESCRIBE HOW II  2ed. DESCRIBE HOW II  2ed. LOCATION (Street a City or Town, State)  due to the cause(a) and man it the time, data and piece, and	AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  NJURY OCCURED  Ind Number or Rural Route Number,  Iner as stated,  d dus to the cause(s) and manner as stated.

31. DATE FILED (Month, Day, Year)
DEC 23 1993

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Approximate Interval Between

Oneet and Death 7 mo

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS

3. TIME OF DEATH

8:00 Am

SOCIAL SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social SECURITY NAME (if you know, the processor)  Social	TO THE COUNTY OF A STATUS OF THE ANALY FOR A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A STATUS OF THE ANALY OF A S			yrd	HTLD:				MONT	12	21	93	S. TIME OF DEATH
17 Phlox Circle  18	17 Phlox Circle		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	5		MONTHS	7	1	(Mon	th, Day, Year)			
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March F/H West  4300 Wabash Avenue  22 PART /L inter tha disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, hock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  a. metastatic adenocarcinoma of unknown primary source  7 mo  Due to (or As A consequence or):  a. metastatic adenocarcinomatosis  but to (or As A consequence or):  c. intestinal obstruction  Due to (or As A consequence or):  d. put to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. put to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Due to (or As A consequence or):  d. intestinal obstruction  Deet to (or As A consequence or):  d. intestinal obstruction  Deet to (or As A consequence or):  d. intestinal obstruction  Deet to (or As A consequence or):  Deet to (or As A consequence or):  Deet to (or As A consequence or):  Deet to (or As A consequence	March F/H West  4300 Wabash Avenue  23 PART L Enter tha diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  a. metastatic adenocarcinoma of unknown primary source  7 mo  DUE TO (OR AS A CONSEQUENCE OF):  a. metastatic adenocarcinomatosis  DUE TO (OR AS A CONSEQUENCE OF):  c. intestinal obstruction  DUE TO (OR AS A CONSEQUENCE OF):  d  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PERFORMEDY  1   YES 2   NO  24b. WAS AN AUTOPSY PROMADLY  1   YES 2   NO  25c. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  26c. DATE OF DEATH  1   YES 2   NO  27c. MANNER OF DEATH  1   YES 2   NO  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DE		1 Donation 5 Other (Specify)	movel from State	emetery, cremato	ory or other place	est	Vet	122	700			
MMEDIATE CAUSE (Finel disease or condition resulting in death)	MAKEDIATE CAUSE (Finel disease or condition resulting in death)		23. PART I. Enter the diseases, or	complications that ceus	mps ed the deeth.	m	M.	arch F/H 300 Wabas	West sh Av	enue	piratory arre	est,	Approximat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  c. intestinal obstruction DUE TO (OR AS A CONSEQUENCE OF):  d	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOUENCE OF):  a. intestinal obstruction  DUE TO (OR AS A CONSCOUENCE OF):  d. DUE TO (OR AS A CONSCOUENCE OF):  24a. WAS AN AUTOPSY FINA AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH;  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28a. DATE OF INJURY NORK?  1   YES 2   NO  27. MANNER OF DEATH  28a. DATE OF INJURY   28b. TIME OF INJURY AVORK?  1   YES 2   NO  28a. DATE OF INJURY AT WORK?  28b. PLACE OF INJURY AT WORK?  1   YES 2   NO  28c. PLACE OF INJURY AT NORK?  1   YES 2   NO  28c. PLACE OF INJURY AT NORK?  1   YES 2   NO  28c. PLACE OF INJURY AT NORK?  1   YES 2   NO  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office		IMMEDIATE CAUSE (Final disease or condition	a. metastatic	adeno	carcin							Onset and D
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 28d. DATE OF INJURY (Month, Day, Year)  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 3   Sulcide   S   Could not be determined  28. PLACE OF DEATH (Check only one)  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH 24c. WAS AN AUTOPSY PRIOR AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, City or Yourn, State)	IIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	mesenteric DUE TO (OR AS	carci:	nomato NCE OF): uction	sis						7 mo
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY AT WORK?  28. NURRY AT WORK?  28. NURRY AT WORK?  28. PLACE OF INJURY AT WORK?  3 Suicide 6 Could not be determined  28. PLACE OF INJURY - At home, farm, street, factory, office  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY - At home, farm, street, factory, office  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY - At home, farm, street, factory, office	빙		d	but not resu	Iting in the u	ınderiyl	ng ceuse given ir	Part I.				
OL to Netural 5 Pending (Month, Dey, Year) INJURY WORK?  2 Accident Investigation M 1 YES 2 NO	Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be determined   Colid not be det	MEDIC.									A	6	OMPLETION OF CAU OF DEATH?
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	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)	2' 1			28b. TIME OF 10 28c. INJURY AT WORK? 1 YES 2 NO								
CCHTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	286. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)	D BY P	Natural 2	28e. PLACE OF INJUI building, etc. (Sp SICIAN: To the best of my kno	ay — At home, ecity)	occurred at the	ctory, off	te and place, end du	City a to the ca a time, det	or Town, State	nnor as state	id.	

DHMH-18 Rev 1/89



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Name of the last

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		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. ins	t birthday)		R 1 YEAR	IF UNDER		7. DATE O	F BIRTH	6	BIRTHPLACE (S
9		216- 34- 6500	1 XXM 2 □ F	56	YRS.	MONTHS	DAYS	HOURS	MINI.	12-0	18- 16-37		MARYLAND
pinods	_	9e. FACILITY NAME (If not institution, give a				9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COUNT	Y OF DEATH
6,	5	UNION MEMORIAL H	OSPITAL			BA	LTIM	ORE				N/A	A
~ ×	딦	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c. CIT	Y. TOWN	OR LOCAT	ION					Tot INC
Pages 1,	DIRECTOR	MD N	/A		30		IMOR						10d, INS LIM 1 X YE
mit.		10e. STREET AND NUMBER	/ A			17:111 4	_	. ZIP CODE			Т	10a. CITIZE	N OF WHAT COU
1	ER	657 GUTMAN AVENUE						212	18				S.A.
FUNERAL		11. MARITAL STATUS 1 Never Married 2 XXMarried	12. WAS DECEDE	NT EVER IN U.S. AR	MED 10	13.	It yes, sp	ENDENT O	F HISPAN	n, Puerto Ri	(Specify Year		I. RACE — Ameri Sleck, White, a
25 S	D BY	3 Widowed 4 Divorced						2 (1)(100	Specify				Specify: BLA
121 use use	ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S Ive kind of Do NOT u	work done	dudna me	ON as of workin	g	166, 1	CIND OF BUS	NESS/INDUS	TRY
14 m 5	IPLE	Elementary/Secondary (0-12) 9 TH	College (1-4 or 5		BABRBE					PE	TITE B	ARBER S	HOP
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	I	17. FATHER'S NAME (First, Middle, Last) CARL WALKER							ELMA	ME (First, MI BARI	ddle, Melden S NETT	Surname)	
(D) (m)	5	190. INFORMANT'S NAME (Type/Frint) SYLVIA A. BARNETT		19							RYLAND	State, Zip Co 212	
SALTIMORE death. Page 6 may e funeral director, pa al. examiner must b		20s. METHOD OF DISPOSITION  1XXBurial 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (NO	me of		DATE			y or Town, State
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	1	511 111	22	. NAME A	ND ADDRES					
		- Vaneor		×			MM. C	. MARC	H FH.	- 110	E. NO	RTH AVE	NUE
P.O. BOX 68760.  th certificate be executed within 24 is tending prysician and competelly file by the price to burial. Cremation, or other traumatic event, the	CERTIFICATION	shock, or haert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	QUENCE O	F):	16	mo.	park	hy			Int On
RECORDS requires that the dipensioned by the L. of Health and Meishows any injur	MEDICAL	PART II. Other eignificant condition	e contributing to	death but not r	eaulting	In the u	nderlyln	g cause g	lven in		PERFORM	AEO?	24b. WERE AU AMAILABL COMPLET OF DEATH
1 6 8 9 %	CIAN:	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF D	EATH (Chi	ock anly one			
	Sic	EXAMINER?  1 NES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 🖸 Re	sidence	6 Other	(Specify)		
O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ву Рн	27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be	28e. PLACE	Day, Year) DF INJURY — At ho	26b. Till IN.	ME OF JURY M	28c. INJ WC	URY AT PRK? YES 2		28d, DE\$0	RIBE HOW IN		REO Rural Route Num
DIVISION OR ATTENDING F DIRECTOR: After thours after death	ETED	4 Homicide determined	building	, atc. (Specify)						City or	Town, State)		
DIV DSPITAL OR A JNERAL DIREC ONT: If Hom	MP.	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI											
TO THE HOSPITAL TO THE FUNERAL ( be filed within 72 h	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	How	dur				29c. LICE	DY	IBER			NONED (Month, C
		30. NAME AND ADDRESS OF PERSON WH	-ms	782	M 27) (Type		h	Rd	B	alt	NY	217	204
		DEC 231993		AR'S SIGNATURE	we								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

YEAR

BALTIMORECO., MARYLAND

10g. CITIZEN OF WHAT COUNTRY? U.S.A. etc.) 14. RACE — American Indian, stack, White, etc.

Specify: BLACK

n/a

10d. INSIDE CITY LIMITS? 1 X YES 2 NO

6. BIRTHPLACE (State or Foreign MARYLAND

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

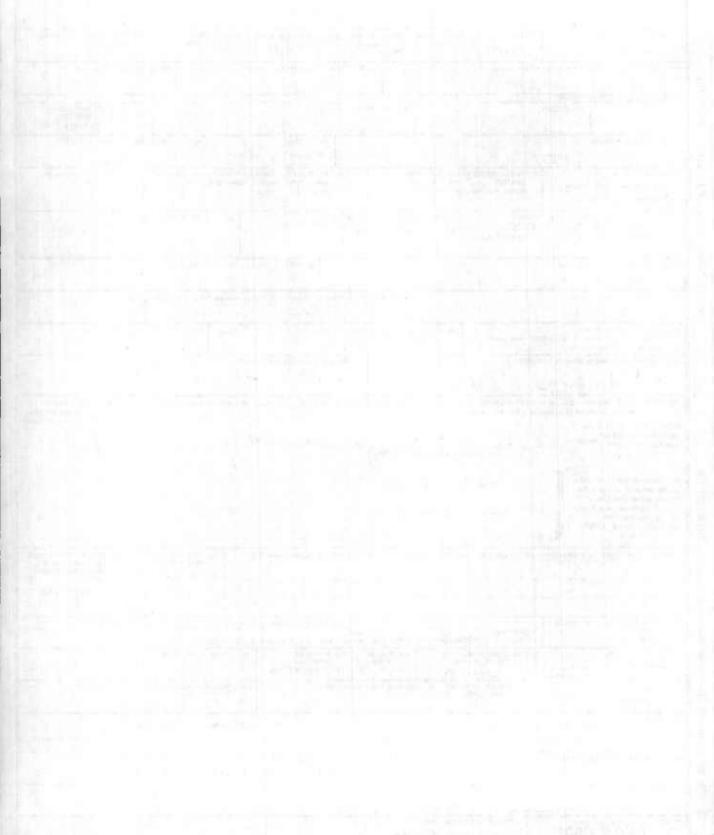
BERNARD

M.

BARNETT

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 7NO HOW INJURY OCCUREO (Street and Number or Rural Route Number, n, State) lacs, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 12.22.93 DHMH-16 Rev 1/89

Approximate Interval Between Onset and Death



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Include after death. Page 6 may be retained by the hospital or attending physician.

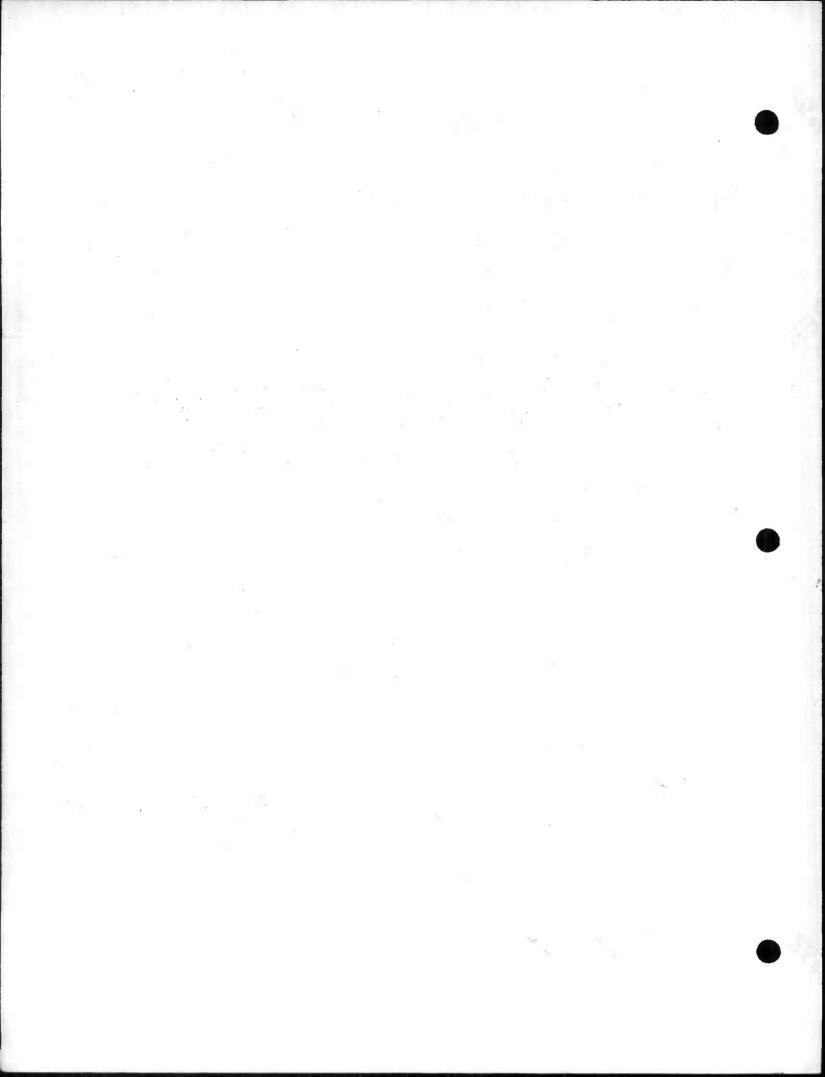
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item1,g-707,1-12-94,dr

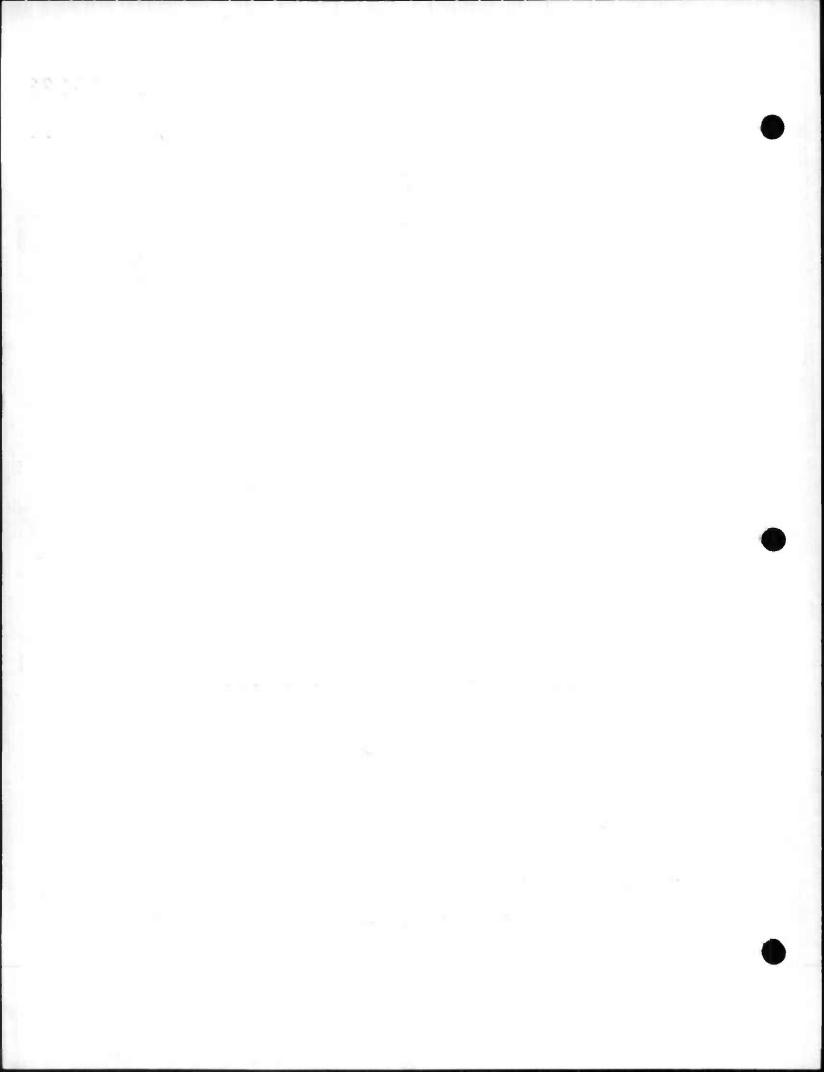
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND DEATH	MENTA	L HYGIEN REG. NO.	E 93	3-3	37321
		erie <del>CHENE</del>		BOUDR	EAUX	2. DATE MONT 1.2	of DEATH DA	ĭ 9	FAR	TIME OF DEATH  11:00 P.M
	4. SOCIAL SECURITY NUMBER 460-84-2135	1 🗆 M 2XXF	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10-	OF BIRTH h, Day, Year) 17-48		Country)	ACE (State or Foreign Cancisco, Ca
TOR	9a. FACILITY NAME (If not institution, give : UNIVERSITY HOS RESIDENCE OF DECEMENT		U.		MORE CI			9c. COUNTY	OF DEAT	ГН
DIRECTOR	10a, STATE 10b, COUNT	v ice George	t0c. CIT	Y, TOWN OR LOCA	ellville					d, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 11411 Lake Arbor			10	20721			U.S.	N OF WHA	AT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED	if yes, sp	CENDENT OF HISPA ecity Cuban, Mexico 2 X NO Specific	an, Puerto			RACE -	American Indian, rhite, etc.  Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	completed) Coflege (1-4 or 5 +)	(Give kind of life. Do NOT u		est of working		. KIND OF BUS			
COMPLET	17. FATHER'S NAME (First, Middle, Last)  Roger J. Boudr	6 years +	Directo	I OI SOC	Ser.  18. MOTHER'S NA  Evelyr	AME (First,	Middle, Meiden		co.	
TO BE	190. INFORMANT'S NAME (Type/Print)  Mrs. Evelyn Pun	-			nd Number or Rural Rd. Ho	Route Num	ber, City or Town			
	20e. METHOD OF DISPOSITION 1 Suriei 2 ACremation 3 Rem 4 Donation 5 Other (Specify)		b. PLACE AND DATE	OF DISPOSITION (N	ame of	OAT		CATION — CIT	y or Town	
	21. SIGNATURE OF FUNERAL SERVICE LI	Russ		JOS	eph L. F 2 W. Nor	RUSS	Funera	l Home	2	
ATION	IMMEDIATE CAUSE (Finei	a. MULTIPLE DUE TO (OR AS	each line.	ES WIT						Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE O	F):						
PHYSICIAN: MEDICAL C	PART ii. Other aignificent condition	e contributing to death	but not resulting	in the underlyin	g ceuse given in	Pert I.	24a. WAS AN PERFOR	MED?	CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (C)	neck only o	10)			
HYSI	YES 2 □ NO 27, MANNER OF DEATH	t inpatient 2 ER/Out	Ipatient 3 DOA	4 - Nursing Hon	URY AT		or (Specify)	FILIBA OCCUI	een.	
à	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined	(Month, Day, Year) 12-15-93 28e. PLACE OF INJUR building, etc. (Spi	UNK Y — At home, ferm,	M 1 matreet, factory, office	YES 2 NO	DRI'		F AUT	O/BI	US IMPACT Number, DRIVE
COMPLETED	Land 1	ICIAN: To the bast of my know							euse(e) er	nd manner es stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE Theodore Me A	my mil			O . C . M	MBER		29d, DATE S	IGNED (M	onth, Day, Year) 1-5-94
	THEODORE M. KIN		111 F		reet, E	Balt	imore	, Mar	yla	nd 21201
	JAN 7 1994	A THEODINANS SO								



	REGISTRAR			ICATE OF	DEATH	MENTAL HYGI REG.		3 3732
-0	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	MARGUERITI  4. SOCIAL SECURITY HUMBER		ETZ 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	or improve as tone	12-	22 -199	93
	348-09-8873	1 🗆 M 2 💢 F	9 0 YRS.		HOURS MIN.	(Month, Day, Yea	r)	BIRTHPLACE (State or Foreig Country) ILLINOIS
- 99	9a. FACILITY HAME (If not institution, g	give street and number)	30	9b. CITY, TOWN OR	LOCATION OF D		9c. COUNTY	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
DIRECTOR	UNION MEMOR			BALT	IMORE	CITY		
IREC	10e. STATE 10b. CO	UNTY	10c, CIT	Y, TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
AL DI	MD .			BALTI	MORE		TAN CITIZE	1 X YES 2 NO
Œ	6 EAST 30TH	ST. APT	203	101.2	2121	3		J.S.A.
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 MNO AR OR DATES	If yes, speci	IDENT OF HISPA Ify Cuban, Maxico HO Specia	HtC ORIGIN? (Specify in, Puerto Rican, etc. y:	Yes or No- 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S (Specify only highest s		(Give kind of	USUAL OCCUPATION	of working	16b. KIHD OF	BUSIHESS/INDUS	TRY
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 2yrs.	Side Die MOT in	se retired.)		S	ECRETAR	v
COMPL	17. FATHER'S NAME (First, Middle, Last		DECKI		18. MOTHER'S HA	ME (First, Middle, Me		(1
BE C	LEONARD BRE	rz				LA WOOD		
10	190. INFORMANT'S NAME (Type/Print)  KENNETH D. ]	PEZZULLA		WASHING				
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION /Name	e of		LOCATION - CITY	
	1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)		CALVAI					FIELD, ILL.
и	21. SIGNATURE OF FUHERAL SERVIC	E LICENSEE		HENR	ADDRESS OF FA	JENKINS	& SONS	s co.
	William	K. Vans	211	4905	YORK	RD. BAI	LTO., MI	21212
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mo	so on each line.	entul	of dying, such	th as cardiac or re CNS)		
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Pre TO (	COR AS A CONSEQUENCE O	entul	New	th as cardiac or re		
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(Specify only highest grade: Elementary/Secondary (0-12) 12 YEARS  FATHER'S NAME (First, Middla, Last)  AM  a. INFORMANT'S NAME (Type/Print) LYNN FLETCHER  g. METHOD OF DISPOSITION  (Burlai 2   Cremation 3   Remo  Donation 5   Other (Specify)  SIGNATURE OF FUNERAL SERVICE LICE  A. J. L. L. L. L. L. L. L. L. L. L. L. L. L.	College (1-4 or 5 +)  COS PENNE  (DAUGHTER  Ovel from State  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPRISE  COMPR	WELL  196. MAILIF  2109  Db. PLACE AND DATA  WOODLAW	IN AGER  IG ADDRESS (Street PARK  E OF OISPOSITION OTHER PIACE).  122. NAME	1a. MOTHER'S NA  1a. MOTHER'S NA  (Interest of Pural of PLACE, BA  (Name of TERY  AND ADDRESS OF FA  HENRY	ANT  ME (First, Middle, Meides  GRACE RI  ROUND Number, City or To  ALTIMORE  DATE 20c. Li  12-28 WOO  CRUTY  JENKI	IQUE  IN SUMMENTO  IN SUMMENTO  IN STRIRE, ZIP CO.  IN MARYI  OCATION — CRE  ODLAWI  NS &	SHOP  LAND 2120 by or Town, State  N,MD. 212  SONS
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shock, or heart failure. L	omplications that cause				CHD/DHL	TITION	
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				ing cause given in advirble	PERFO	RMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DAO	HOSPITAL:	tpatient 3 DOA	OTHER.		, , ,		<u> </u>
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1 1 2 3 4 8.	INV. leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events ulting in death) LAST  INT II. 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296. SIGNATURE AND TITLE OF CERTIFIER

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	fler	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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93 37324 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR James J. Conrad Dec. 22, 1993 11:30 a. M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 X M 2 | F 212-03-2350 23, 1914 Oct. Maryland 9a. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Center Severna Park Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glenwood 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3281 Sharp Road 21738 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 2 NO FORCES? 1 YES 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 YES 2 X ND Specify BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Route Salesman Baking Companies 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 James Conrad Sr. Josephine Dvorak BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 9 3281 Sharp Road, Glenwood, Md. James J. Conrad (Son) 21738 pe 20a. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Most Holy Redeemer Cem. 12/28 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGH **еха**тіпет 22. NAME AND ADDRESS OF FACILITY age Schimunek Funeral Homes, Inc. 0 3331 Brehms Lane, Baltimore, Md. 21213 medical 23. PART I. Enter the diseases, of complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between Onest and Death **IMMEDIATE CAUSE (Final** 3 disease or condition PNEUMONIA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 0 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 44 ne 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending Investigati 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) .00 3 Suicide 281. LOCATION (Street and Number or Flurel Route Number, City or Town, State) TO THE FUNERAL DIRECTOR: A be filed within 72 hours after dispersion | IMPORTANT: If Item 28 is 6 Could not be COMPLETED 4 Homicide t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Afferd

32. PEGISTRAB'S SIGNATURE

Dr. Surya Mundra, 1600 Crain Hgwy, Crain Towers, Glen Burnie, Md. 21061

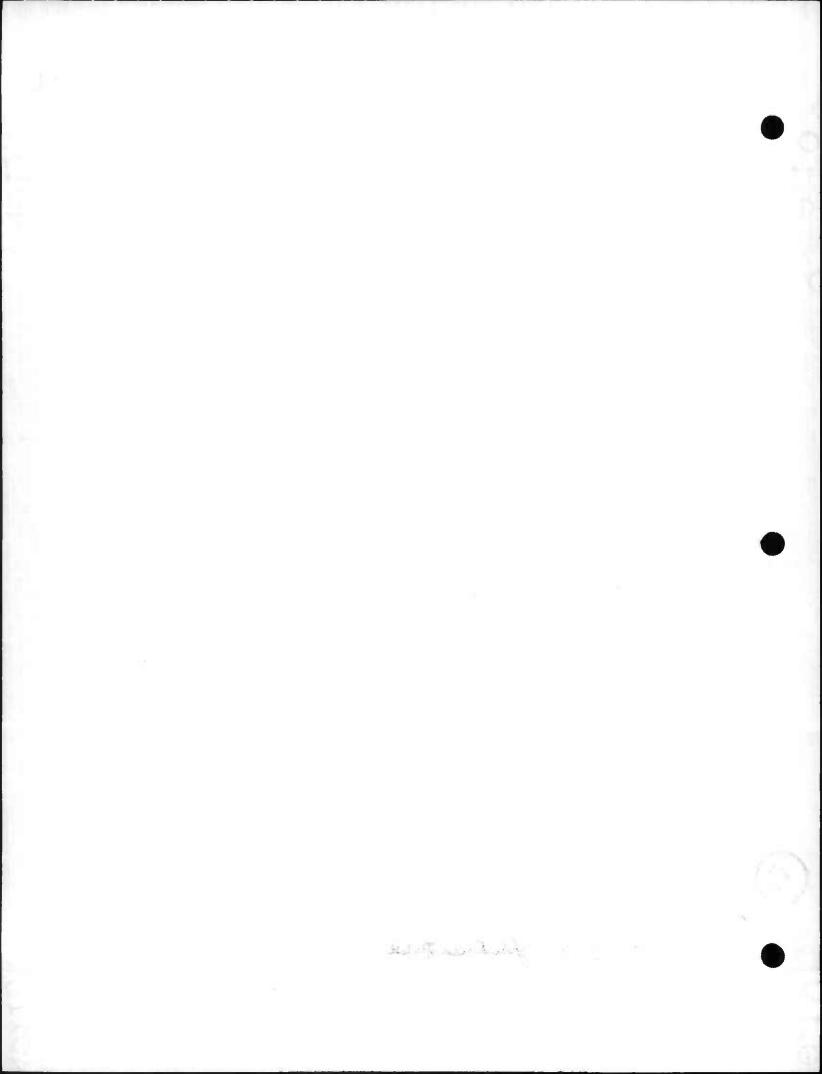
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

D

217

29d. DATE SIGNED (Month, Day, Year)



TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	THE FINE FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	The state of the court affet death with the state Dept. of Health and Mental Hygiethe prior to bunda, certained, or removal.	IMPORTANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPARTME			MENT	AL HYGIEN	E (	93	3732
	1. DECEDENT'S NAME (First, Middle, L ALICE				CO	v	2. DAT MON 12	E OF DEATH	93	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E. 5. SEX	6. AGE (In yrs. Is	est birthday) F U	IDER 1 YEAR	F UNDER 24 HRS.	7. DAT	E OF BIRTH			CE (State or Foreig
	214-30-2867	1 🗆 M 2 💢 F	78	YRS. MONT	HS DAYS	HOURS MIN.	Mar	21,1	915	Mary	=>1/11
00	9e. FACILITY NAME (If not institution,					OR LOCATION OF C			9c. COUNTY	OF DEAT	N
CTOR	SHOCK TRAUMA		BALTI	MORE CIT	'Y						
#	10e. STATE 10b. CO	toc. CITY, TOW	N OR LOCAT	TION				10-	1. INSIDE CITY LIMITS?		
ā	Maryland 100. STREET AND NUMBER	Baltimor	e			timore					YES 2 X NO
ERAL	5 Laurel Path	Ct.			101	21236				U.S.	COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIG	IN? (Specify Yes	L	RACE -	American Indian.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced		1 YES 2 X WAR OR DATES	INO		ecify Cuben, Mexic 2 XNO Speci		Rican, etc.)		Black, W Specify: W	hite, atc.
ED E	15. DECEDENT'S	EDUCATION	16s, D	ECEOENT'S USUA	OCCUPATION	ON:	16	b. KIND OF BUS	LINESS/INDLIS		nite
LETE	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5	(0	Give kind of work do to. Do NOT use retire	ne during mo	st of working		a. raito or bos	JINE 33/114003		
COMPL	N/A	N/A		Book De	pt.			Depai	rtment	Sto	re
- 1	17. FATNER'S NAME (First, Middle, Last James P. Moyr					18. MOTHER'S N					
BE	19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING ADDR	FSS (Street =	Marg				arda)	
2	Melissa C. Kad	dar (daugh	nter)			ll Road,				21230	5
	20 METNOD OF DISPOSITION 14 Device 2 Cremetion 3	Removal from State		AND DATE OF DIS	POSITION (Na	ime of	DA	TE 20c. LO	CATION - CIT	y or Town,	State
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	Air Memo	erory or other place) ir Memorial Gardens   12/24 Bel Air, Maryland								
- N	Schimunek Funeral Homes, Inc.										
- //	9705 Belair Road, Baltimore, MD 21236  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE OF):	juri	es					
CEA	d										
MEDICAL	PART II. Other algnificant cond	litions contributing to	o death but not	resulting in the	underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 X YES 2	MED?	CO OF	RE AUTOPSY FINE IILABLE PRIOR TO MPLETION OF CAI OEATH?  YES 2 \( \subseteq  NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				ACE OF DEATH (C	heck only	one)			
YSi	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient		IER: Nursing Hom	e 5 🗆 Rasidence	8 🗆 00	ner (Specify)			
РНУ	27. MANNER OF DEATN  1 Netural 5 Pending		Day, Yeer)	28b. TIME OF INJURY		RK?		ESCRIBE NOW IN			
BY	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE	OF INJURY At h	13:00P		YES 2 NO		Ver in			
日日	4 Homicide determine	, atc. (Specify)	Stree			Ch	y or Town, State)				
COMPLET	29e. CERTIFIER (Check only	PHYSICIAN: To the best o	of my knowledge, d			end place, and du				I-M-IOID.	DI NO.
2		MINER: On the basis of								euse(s) en	d menner es atat
Ö						29c. LICENSE NU			29d. DATE S	IGNED (Mo	
H H	296. SIGNATURE AND TITLE OF CERTI	is 1. (	hute	wo		O.C.	M.E.		▶ 12/		
	296. SIGNATURE AND TITLE OF CERT  SOLUTION  30. NAME AND ADDRESS OF PERSON	is 1. (			reet,	O.C. Baltimo		Marylar			

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	MOSPITAL DR ATTENDING PHYSICIAN: The law consider that the death certificate he executed within

37326 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO. 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH 93 erera 1:0 -azas d 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 73 YRS. S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 04/12/1920 704 1 1 2 F DAYS ROUMANIA 216 92 9a. FACILITY NAME (If not institution, give street and number) Baltimore 9c. COUNTY OF DEATH Sinai Hospital Baltimore Pages 1, 2, 3 DIRECTOR RESIDENCE OF 10a. STATE BALTIMORE 10d. INSIDE CITY MARYLAND BALTIMORE 1 TES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 21208 109 CITIZEN OF WHAT COUNTRY? 7213 VALLEY COUNTRY CT, APT A-1 the burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puarto Rican, stc.)

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YES 2 XNO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY WHITE 3 Widowed 4 Divorced use as 1 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or 10 Elementary/Secondary (0-12) College (+4 or 5+) SHAPIRO & CO CLERK SOT, OMON detached 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Meiden Surname) COHEN DERERA MYER F after death. Page 6 may be retained by page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS LEAH DERERA 21208 7213 VALLEY COUNTRY CT., APT. A-1 BALTO pe 200 METHOD OF DISPOSITION
1 Description | Method | Disposition | Barnoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, 4 Donation 5 Other (Specify) 12/20/93 AITZ CHAIM BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral SOL LEVINSON & BROS., INC. undor 21215 6010 REISTERTOWN RD. BALTO., MD or removal, medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata Interval Betw shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition bowe obstruction event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): metastatic colorectal cancer burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or Injury other the attending phy 1 Mental Hygiene I DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, or PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t coronary arternaisease shows any 1 TYES 2 NO failure. 1 YES 2 NO to PHYSICIAN: has be Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h the State [ EXAMINER? NOSPITAL: OTHER: Inpetient 2 ER/Outpetient 3 DOA ng Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c is marked, Natural 5 Pending Investigation After the death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, etreet, fectory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 5 Could not be DIRECTOR: 4 Homicide 28 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL WITHIN 72 1 = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as atteted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTHAR'S SIGNATURE

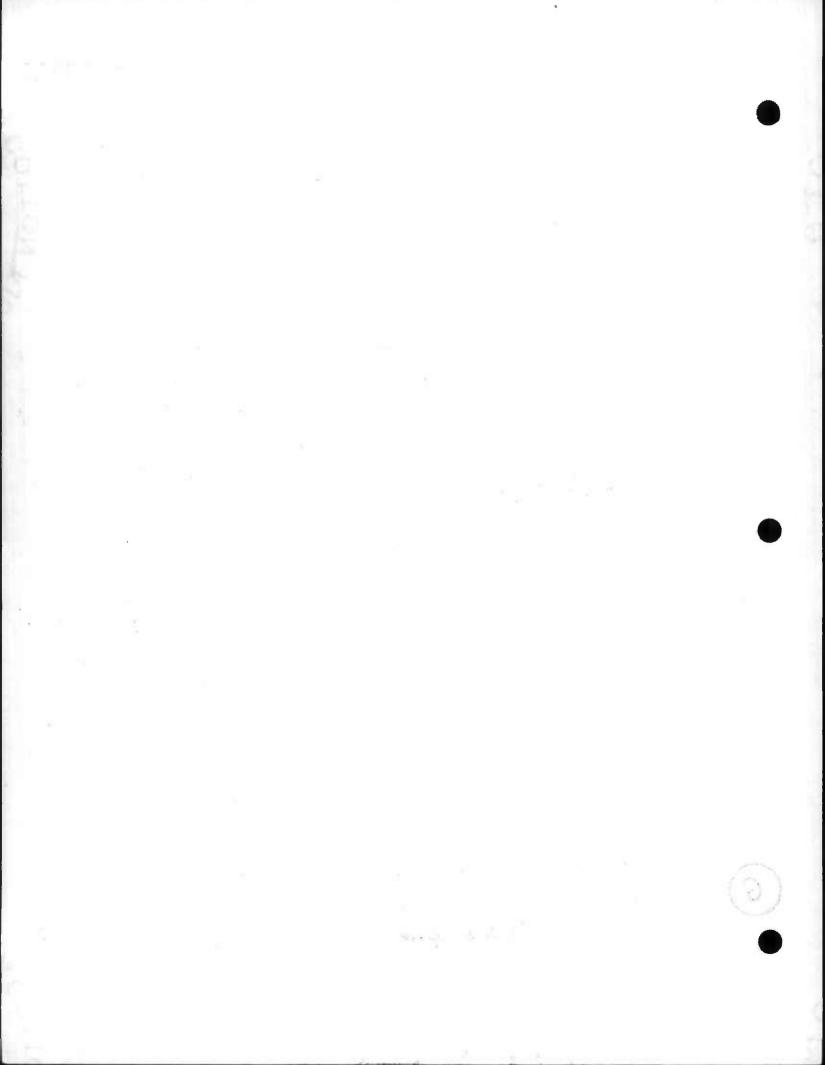
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ng physician.	the burial-transit permit. Pages 1, 2, 3 should		
VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	artificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		caminer must be notified at once.
rtificate be executed within 24 hours after de	g physician and completely filled in by the fi	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death ce	certificate has been signed by the attendin	the State Dept. of Health and Mental Hyg	, or Item 23 shows any Injury, or o
THE HOSPITAL OR ATTENDING PHYSI	R. After thi	within 72 hours after death with t	IMPORTANT: It Item 28 is marked, or I

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_		3. TIME OF DEATH	_
3	YEAR	2:24 P	M
3	Counti	PLACE (State or Foreign 17) Sachusetts	
	Balt:	imore	
=		10d. INSIDE CITY	
		LIMITS?	
CIT	IZEN OF V	VHAT COUNTRY?	
	U.S	.A.	
-	14. RACI	E — American Indian, k, White, etc.	
	Speci		
/INC	DUSTRY		
ne)			
	Ap	teker	
74	Code!		

	1 - FOR STATE REGISTRAR	STATE OF M				HEALTH AND	MENT	AL HYGIEN		93	37327	
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH		EAR 3	. TIME OF DEATH	-
	Elinor	В.			Deitz			c. 18,		EAR	2:24 P M	
			6. AGE (In yrs. les		IF UNDER 1 YEAR		7. DA1 (Mc	TE OF BIRTH	8.	Country)	ACE (State or Foreign	Ī
	217-26-8820 90. FACILITY NAME (If not institution, give stre	1 M 25 F	75	YRS.		OR LOCATION OF D		g. 20,1			achusetts	
E :	Greater Baltimore		Center			imore	PEATN		9c. COUNTY	of DEA		
5	RESIDENCE OF DECEDENT	riedical	Center	_					De	ITCII	IOLE	
DIRECTOR	100. STATE 100. COUNTY Maryland Bal	timore			Y, TOWN OR LOC						od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	CIMOLE		]	Baltimo	Of. ZIP CODE			10- 0171771		T COUNTRY?	
FUNERAL	l Gristmill Cour	t Ant	405			21208				J.S.		1
N N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISPA	NIC ORIG	GIN? (Specify Yes		. RACE -	- American Indian,	_
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 X	40	If yes,	specify Cuban, Mexic	en, Puerl	o Rican, atc.)		Black, \ Specify:	White, etc.	
		ATION .	T								White	
11	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	(G		WSUAL OCCUPA work done during i se retired.)		1	6b. KIND OF BUS	iiness/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ouser	wife			Home	6			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S N	AME (Firs	t, Middle, Melden				i
BE (	Samuel	J	Bro	wn		Lea	ah			Apte	eker	
2	19e. INFORMANT'S NAME (Type/Print)					end Number or Rural						
4	Mr. Emanuel A. De	itz			ISTMILL OF DISPOSITION	Ct. Ar		05, Bal	timore	, MI	0. 21208	
	1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	ombment	cemetery, cre		ther place)		1	93 Bal				
	21. SIGNATURE OF POBERAL SERVICE LICE	DISEE	DLUI	G ICE		AND ADDRESS OF FA	ACILITY					+
	· Chu Illan	1-71	in		6010	Sol Levi					, 0101F	
	23. PART / Enter the diseases, or co	implications that	caused the de	eth. Do r	not enter the n	Reisters	ch ss c	O KO, Bi	TELLINC	re,	MD 21215 Approximate	-
	interval Between										- 1	
- 1	disease or condition											
	disease or condition resulting in death)	Curre	vsclue	hck	true 5	- Disease	<b>x</b> 4	who co	west	rei		
	disease or condition resulting in death)	Cutre	USCULO OR AS A CONSEC	hc/	tron	- Disean	000	wh co	west	res		
NOI	disease or condition resulting in death)  Sequentielly list conditions,					· Disease	elu	wh co	upst	rel		
CATION	disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSEC			Disease for	Q Le	wh co	regent	rec		
IIFICATION	disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (		QUENCE OF	F):	Disease fa	elu elu	wh co	nyest.	rec		
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (	OR AS A CONSEC	QUENCE OF	F):	Disease for	Q le	uth co	Legue	ver		
AL CERTIFICATION	disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (4	OR AS A CONSEC	DUENCE OF	F):			24s. WAS AN	AUTOPSY	24b. W	Onset and Death 3 munit(s)	
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AL	disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (4	OR AS A CONSEC	DUENCE OF	F):			24s. WAS AN	AUTOPSY MED?	24b. W	Onset and Death  3 munt(s)	
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37328 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Dec. 23, 1993 Raymond L. Danner 4. SOCIAL SECURITY NUMBER S. SEY 7. DATE OF BIRTH (Morth, Day, Year) 06/24/18 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🕅 M 2 🗆 F DAYS 212-07-8079 75 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore City RESIDENCE OF DECEDENT Baltimore 10c. CITY, TOWN OR LOCATION Lansdowne, 10d. INSIDE CITY 1 YES 2 X NO FUNERAL 100, STREET AND NUMBER 101. ZIP COPE 21227 100 CITIZEN OF WHAT COUNTRY? 308 Third Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuhan, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 TYES 2 TO NO Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 9TH Sales Manager Retail Music 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surne. David Danner Bertha Allen BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Patty Keys 925 Catawba Court Lansdowne. 21227 20e. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Mount Olivet Cemetery 12/27/93 Baltimore, Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDREAM POSSE Funeral Home of Lansdowne 2719 Hammonds Fr. Rd. Lansdowne, Md. 21227 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) MINUT CERTIFICATION Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

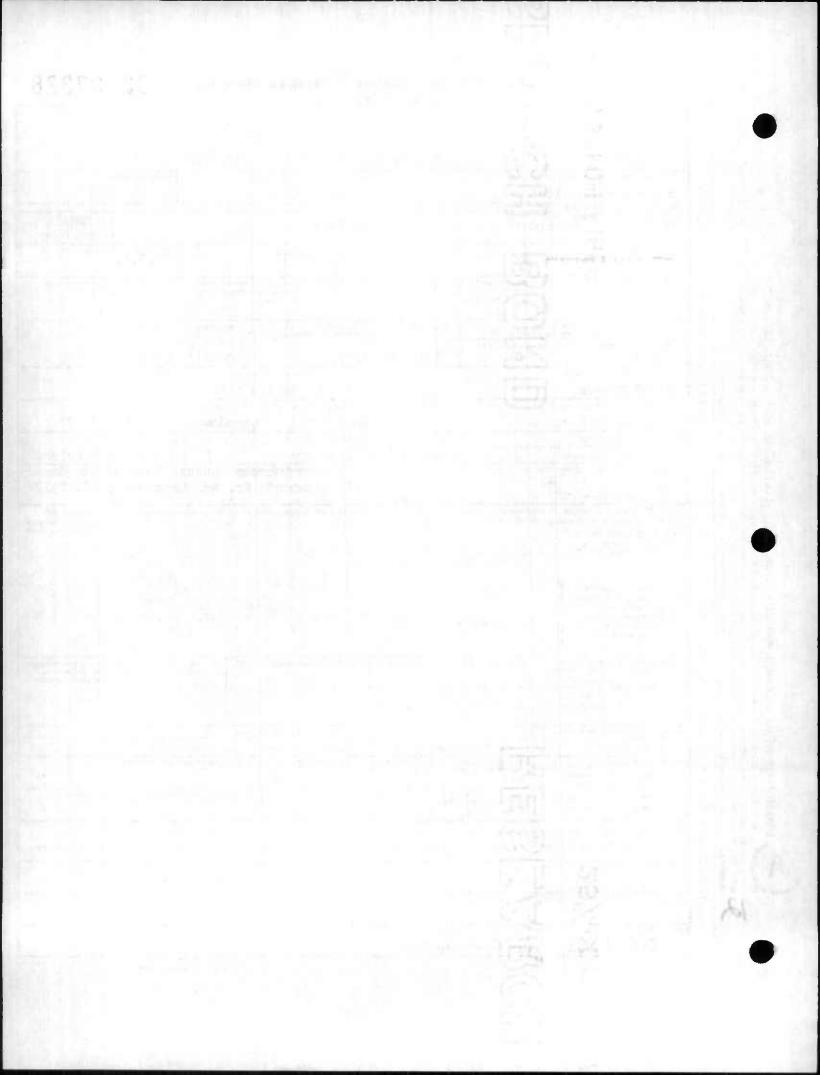
28e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated.

2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.

296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day,

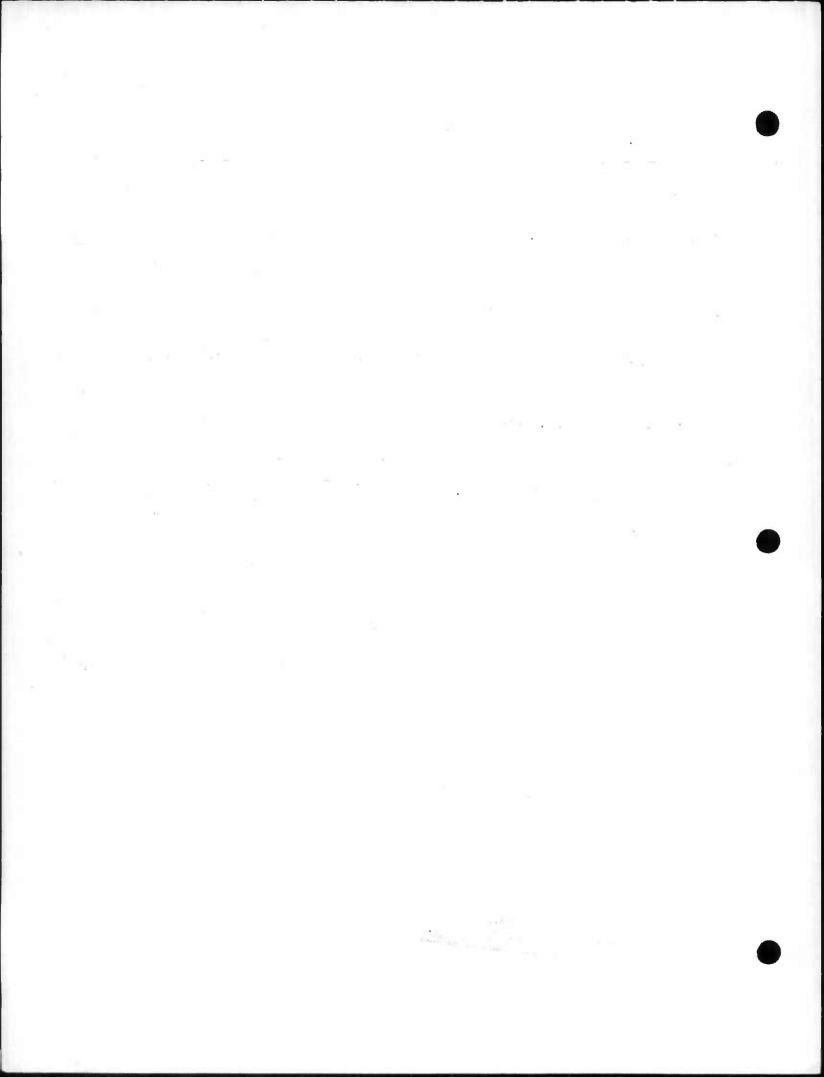
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 231993



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	1. DECEDENT'S NAME (First, Middle, Last)			ICATE OF		REG. NO  2. DATE OF DEATH MONTH D	MY YE	3. TIME OF DEATH
		Jennie An		isuk		12 21	199.	3
	4. SOCIAL SECURITY NUMBER  209-16-4614		yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 - 24 - 19	8. E	NATHPLACE (State or Fore Country) PENNSYLVANI
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
OR	1514 Rita Road			Dund	alk		Bal	timore
DIRECTOR	10s. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland  100. STREET AND NUMBER	Baltimore			Dunde	ulk	_	1 TYES 2 XN
FUNERAL	1514 Rita Road			10	I. ZIP CODE	1222		ted States
P.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DEC		IC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian Black, White, etc.
BY	1 Never Married 2 12 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify			Specify: White
TED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	House			Own t	lome	
NO.	17. FATHER'S NAME (First, Middle, Last)		110 003 0	och c	18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE	Michael Krieshe	r				Delechko		
၉	196. INFORMANT'S NAME (Type/Print)  Mr. Stephen A.	Donisub				oute Number, City or Tow dalk, Mari		21222
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ram	20b. P	LACE AND DATE	OF DISPOSITION (No	ame of	DATE 20c. LC	CATION — City	or Town, State
- 1	4 Donation 5 (Other (Specify)	Sa	cred Ht	of Mar	ly Cem. 12	/24/93 1	Baltimo.	re, MD
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	23. PART I. Enter the diseases or o	E Keed	he death Do	7922	Wise Ave	. Dundal	k, MD	21222
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	B. DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C	villatu consequence of infrali	n & hyp	hu fende there ;	re Ozider Chemoly	vasculi Liane	inte
H	PART II. Other significant condition	a contributing to death but	1			Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FIN
IL CER			,			PERFO		AWAILABLE PRIOR TO COMPLETION OF CA
: MEDICAL						t 🗆 YES :	2 NO	OF DEATH?
: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che	ck only one)	2  NO	OF DEATH?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	1 Inpatient 2 ER/Output 28a, DATE OF INJURY	28b. TIM	OTHER: 4 Nursing Horn IE OF 28c. INJ	ne 5 🗌 Rasidenca	ck only one)		OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  NO	1 Inpatient 2 ER/Output	28b. TIM	OTHER: 4 Nursing Hom IE OF 28c. INJ IURY WO	ne 5 🗌 Rasidenca	ck only one)  8  Other (Specify)		OF DEATH?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Output 28a, DATE OF INJURY	28b. TIM INJ	OTHER: 4 Nursing Hom IE OF 28c. INJ IURY WC t	OURY AT ORK? YES 2 NO	ck only one)  B  Other (Specify)	INJURY OCCURE	OF DEATH?  1 YES 2 NI
LETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	1 Inpatient 2 ER/Outpet  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — building, etc. (Specify	28b. TIM INJ - At home, larm,	OTHER: 4 Nursing Hom HE OF 28c. INJURY M t street, factory, office	oue 5  Rasidenca	ck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	INJURY OCCURE	OF DEATH?  1 YES 2 NO
LETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only t CERTIFYING PHYSI	1 Inpetient 2 ER/Outpet  28e, DATE OF INJURY (Month, Day, Year)  28e, PLACE OF INJURY —	At home, larm,	OTHER: 4   Nursing Hom IE OF 28c. INJ URY M t   street, factory, office ed at the lime, date	ine 5 Rasidenca	ck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State, to the cause(a) and me	and Number or R	OF DEATH?  1 YES 2 NO  D  Ural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only t CERTIFYING PHYSI	1 Inpatient 2 R/Outpet  28a, DATE OF INJURY (Month, Dey, Year)  28a, PLACE OF INJURY — building, etc. (Specify  CIAN: To the best of my knowled  R: On the best of axamination of	At home, larm,	OTHER: 4   Nursing Hom IE OF 28c. INJ URY M t   street, factory, office ed at the lime, date	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	ck only one)  B  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or lown, State, to the cause(a) and ma- time, data and place, at	and Number or R.)	OF DEATH?  1 YES 2 NO  D  Ural Route Number,
LETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1 Inpatient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY — building, etc. (Specify) CIAN: To the best of my knowled R: On the basis of examination is	28b. TIM INJ	OTHER: 4   Nursing Hom IE OF	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	ck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and ma	and Number or R.)	OF DEATH?  1 YES 2 No.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1 Inpatient 2 R/Outpet  28a, DATE OF INJURY (Month, Dey, Year)  28a, PLACE OF INJURY — building, etc. (Specify  CIAN: To the best of my knowled  R: On the best of axamination of	28b. TIM INJ	OTHER: 4   Nursing Hom IE OF	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	ck only one)  B  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or lown, State, to the cause(a) and ma- time, data and place, at	and Number or R.)	OF DEATH?  1  YES 2 N  D  ural Route Number,



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BY

BE COMPLETED

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rurs after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

RANCO

37330 4 per F.H. G-707 1/26/94 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1993 3. TIME OF DEATH DIFOLCO

	067-10-4130	1 🕅 M 2 🗆 F	66	YRS.	MONTHS	DAYE	HOURS	MIN.	(Month, Day, Year)		Country)	ITALY
OR	90. FACILITY NAME (If not institution, give Franklin Squa		tal				ille		ATH	L.V.	Balti	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  M)	10b. COUNTY Baltimore				10c. CITY, TOWN OR LOCATION ROSedale						d. thsiDE city LIMITS?  YES 2\( \bigcup \) NO
FUNERAL	100. STREET AND NUMBER 5800 Daybres				101	. ZIP COO	212	06	10g. CITIZEN OF WHAT			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. AR	2 NO If yes, sp			DECENDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuban, Mexican, Puerto Rican, atc.) YES 2 M NO Specify:			or No- 14. RACE — American Indian Black, White, etc.  Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	+) (G	ive kind of Do NOT u	S USUAL O work done ise retired.)	during mo	ist of worldr	ng	16b, KIND OF BU	SINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Last) Attilio DiFolo	20				1001		NER'S NA aria	ME (First, Middle, Malden Polsinell	Surname)		
TO BE	196. INFORMANT'S NAME (Type/Print) Angela Lucian	niDiFolco	190						Baltimore		2120	)6
	20a. METHOD OF DISPOSITION  1    Buriel 2    Cremation 3    Res 4    Donation 5    Other (Specify)	movel from State	20b. PLACE / cemetery, cre	AND DATE	OF DISPOS other place)	ITION (N	ame of	12/		cation — c		
	21. SIGNATURE OF FUNERAL SETTING	KILL	N		22.	NAME AI		ss of fa				
	23. PART I. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one can	on each line	l.					as cardiac or resp	iratory arre	st,	Approximate Interval Betwee Onset and Deat
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	DUE TO (OR AS A CONSEQUENCE OF):									
HILL	CAUSE (Disease or Injury that initieted eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	QUENCE O	PF):							
PHYSICIAN: MEDICAL CERTIFICATION		PART II. Other algnificant conditions contributing to death but not resulting in the analysis of the second contributions and the second contributions are second contributions.						given in	Part I. 24a, WAS AN PERFOI 1 YES 2	RMED?	AN CC	ERE AUTOPSY FINDINGS BALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 1 100
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	FR/Outpatient, 3	Прод	OTHE!	₹:			eck only one)  6 🐧 Other (Specify)			
PHY.	27. MANNER OF DEATH	28a. DATE Of (Month, I	FINJURY	28b. TIR		28c. INJ		- Superica	28d. DESCRIBE HOW	NJURY OCCU	IRED	

1 YES 2 NO 1 Inpatient 2 ER/Out L 3 DOA 4 Nursing Nome 5 Residence 6 C Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) NO IN THE 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28s. PLACE OF INJURY - At A building, etc. (Specify) 4 Nomicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s)

29b, SIGNATURE AND JUTLE OF CERTIFIEF 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year)

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31. DATE FILED (Month, Day, Year)
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital or established by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. N	-	3 37331
	1. DECEDENT'S NAME (First, Middle, Last).	DORSEY			2. DATE OF DEATH	DAY G-	S 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-20-6556	1 - M 2 XE C	3 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year)	1900	BIRTHPLACE (State or Foreign Country)  Maryland
TOR	90. FACILITY NAME (If not institution, give LORIEN NO RESIDENCE OF DECEDENT	URSING Ha		olumbi		BC. COUNT	WARD
DIRECTOR	10e. STATE 10b. COUNT	ward County	10c. CITY, TO	Marriotts	ville		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	900 Henryton Ro	pad		101. ZIP CODE 21104	4	10g. CITIZE	U.S.A.
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2- NO	13, WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	Yes or No.— 14	t. RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 6+)	life. Do NOT use retir	one during most of working ed.)		BUSINESS/INDUS	STRY
COMPL	6		House	keeping		e of M	)
	17. FATNER'S NAME (First, Middle, Last)  Noah Rhe	ubottom		18. MOTHER'S N	AME (First, Middle, Maid		
BE	19a. INFORMANT'S NAME (Type/Print)	uboccom	T 405 MAII INC ADDI	RESS (Street and Number or Rura	Mary Dutt		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
2	Mr. William Rheu	bottom		eechwood Stree			
	20e. METNOD OF DISPOSITION 1   Muriel 2   Cremation 3   Ren	noval from State 20b.	PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c.	LOCATION - CH	y or Town, State
	4 Donation 6 Other (Specify)		White Roc			993 Syl	kesville, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	Haight		22. NAME AND ADDRESS OF F HAIGHT FUNES Sykesville.	RAL HOME (		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OHF  DUE TO (OR AS A  c. OH ULL	CONSEQUENCE OF):	Sent Fa	Ino /		Interval Between Onset and Daath
MEDICAL	PART II. Other algnificant condition	na contributing to death bu	it not resulting in the	e underlying cause given in		AN AUTOPSY ORMED? 2X NO	24b. WERE AUTOPSY FINDINGS MMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.00	26. PLACE OF DEATH (C	heck only one)		
YSI	1 TYES 2 NO	1 Angetient 2 ER/Outpi	itlent 3 DOA 4	HER: Nürsing Home 5 ☐ Residence	6 Other (Specify)		
	27. MANNER OF DEATN  Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE NOV	V INJURY OCCU	RED
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro				et and Number or te)	Rural Route Number,
COMPLET	anal	ICIAN: To the best of my knowle					
BE	206. SIGNATURE AND TITLE OF CERTIFIE	Sear my	180	29c. LICENSE NO		29d. DATE 1	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	LCCCUTT ( BV	TH (ITEM 27) (Type, Print)	RC. W			
	DEC 2 3 1993	32. REGISTRAR'S SIGNA		581-			

· Continued and

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	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
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ITENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician.	£	***
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2	4	-
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FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPAR CERTIF	TMENT OF I	
DECEDENT'S NAME (First, Middle,	Lest)			
Edward	Andrew Eckl	nardt		
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 I
213 10 4506	12 M 2 🗆 F	87 YRS.	MONTHS DAYS	HOURS &

	1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTM CERTIFIC			MENTAL HYGIE REG. N	-	3 3733
		drew Eckhard				2. DATE OF DEATH MONTH 12 21	93 °	3. TIME OF DEATH 2:00 P
	4. SOCIAL SECURITY NUMBER 213 10 4506	1X M 2 □ F 8'	7 YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02 03 06	I	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not Institution, give Lorien Nursing		94	Balti	MOTE	EATH	9c. COUNT	Y OF DEATN
DIRECTOR	10a. STATE 10b. COUN	TY		own or Local				10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	324 South Oldh	am Street		10	21224			N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 XNO	if yes, sp		NIC ORIGIN? (Specify on, Puerto Rican, atc.)  y:		I. RACE — American Indian, Black, White, stc. Specify: Thite
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use in Labore	done during mo itired.)			: Cork	STRY
BE CON	17. FATNER'S NAME (First, Middle, Last) Thomas Eckhard	t			Barl	ME (First, Middle, Meid bara Hartı	nan	
10	190. INFORMANT'S NAME (Type/Print) Francis G. Eckh. 200. METHOD OF DISPOSITION		3413 R	amona 1	Avenue Ba	Acute Number, City or 1	21213	
	1 G/Burlai 2 Cremation 3 Re- 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	moval from State	b. PLACE AND DATE OF E melery, crematory or other DACTED HEAD	ct of C 22. NAME AI Char	Jesus Cer NO ADDRESS OF FA	n 12-14-9 Wounty eiler & So	3 Dun	dalk, Md
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR AS OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE T	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	You	at d	w fa		it, Approximate interval Betwe Oneet and Dei
MEDICAL	PART II. Other algnificant condition	na contributing to death i	but not resulting in the		g cause given in	Pert I. 34s. WAS	NAUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Tyes 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C)	6 Cher (Specify)		
ву РН	27. MANNER OF DEATN  1	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WC	URY AT ORK? YES 2 NO	28d. DESCRIBE NOV	V INJURY OCCU	RED
ETED (	3 Suicide 8 Could not be 4 Nomicide detarmined	28e, PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stre	et, factory, offic	•	281. LOCATION (Stre- City or Town, Ste	et end Number or te)	Rural Route Number,
COMPLI	onel	SICIAN: To the best of my know IER: On the basis of examination						ceuse(a) and manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	er C-r	ND.		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
ТО	30. NAME AND ADDRESS OF PERSON W Gracito V. Patr 31. DATE FILED (Month, Day, 1961) DEC 231993		A. 703 S.		n St. B	altimore.	Md. 2	12/23/93

2. DATE OF DEATH Finkelstein HNNA 4 SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 215-05-0176 DAYS HOURS 1 🗌 M 2 🙀 F YRS. SEPT. 10,1910 83 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PIKESVILLE NURSING HOME PIKESVILLE RESIDENCE OF DECEDEN 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 4 STONEHENGE CIRC LE, APT. 5 use as the burial-transit 21208 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only high ò Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 12 BOOKKEEPER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 혀 ISRAEL MOLITZ RIVA BE notified director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 4 STONEHENGE CIRCLE, APT. 5 BALTIMORE, MD 21208 MR SAMUEL FINKELSTEIN 2 pe Page 6 may b 20e. METHOD OF DISPOSITION

1 Deuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must "BETH"TFILOH" 12-22-93 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner nours after death. Part of in by the funeral of or removal. 22. NAME AND ADDRESS OF FACILITY Gllensue SOL LEVINSON & BROS., INC 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by shock, or heart feliure. List only one cause on each line. 0 **IMMEDIATE CAUSE (Finel** EREBRAC and completely fille burial, cremation, the disease or condition 1 HROMBOSIS reaulting in death) executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING attending physician a death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the atten any injury, PART II. Other eignificent conditions contributing to death but not reculting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL requires that the Health and DNSUFFICIENCY 1 TES 2 NO Shows been 6 PHYSICIAN: MP has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The Item this certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Homa 5 🗆 Residence 6 🗀 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked. Natural 5 Pending 1 YES 2 NO After ti BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) ... 3 Sulcide 6 Could not be COMPLETED DIRECTOR 58 4 Homicide 29e. CERTIFIER CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. HISPITAL FLESERAL within 72 h = 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se stated. te fled within 7 important: 1 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 분용 BE leh asuleur an m 28595 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Stype, Print) ASNEEM ARK

32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign LATVIA 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY CALIFORNIA BEVERAGE CORP. WISKY 20c. LOCATION - City or Town, State BALTIMORE, MD Approximate interval Between **Onset and Death** WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

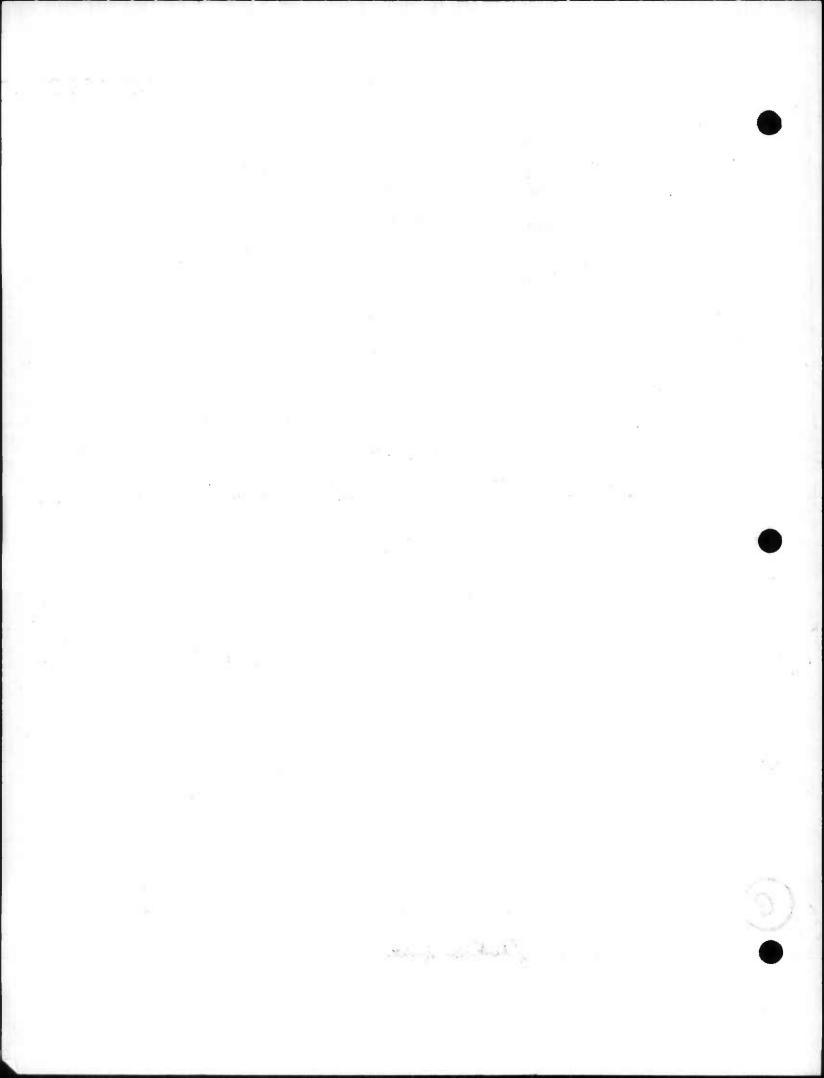
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DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)



REGISTRAR		CERTIF	ICATE	OF DEATH	REG. NO	O	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	#	3. TIME OF DEATH
Abraham Statton	Foster				December	19. 19	93 7:40 P M
4. BOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH .	E .	BIRTHPLACE (State or Foreign
214-03-6438	1 M 2 - F	76 YRS.		AYS HOURS MIN.	(Month, Day, Year) Aug. 19,	1917	
99. FACILITY NAME (If not institution, give significant processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of the second processing of t			96. CITY, TO	own or location of oi e1	EATH	Howa:	of OEATH
10m. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?
	:d	Lau	irel				1 TYES 2 NO
100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
9321 Madison Aver	nue			20723		Unite	ed States
10e. STREET AND NUMBER  9321 Madison Aver  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR C	2 NO	If v	S DECENDENT OF HISPAI es, specify Cuban, Maxica YES 2 NO Specif	en, Puerto Ricen, etc.)	ea or No— 14	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'B EDUC		16a. DECEDENT'S	USUAL OCCI	JPATION	16b. KIND OF B	USINESS/INDUS	
15. DECEDENT'B EDU (Specify only highest grade Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 8+)			ng most of working			
/		Machin	ist			r Alumi	Lnun
17. FATHER'S NAME (First, Middle, Leat)					ME (First, Middle, Maide	n Sumeme)	
David Foster					Kibler		
D I INE INFORMANT S NAME (INPOPRINT)		33-E-20110A		treet and Number or Rural			
willia F. Foster		19321 M	ladiso	n Avenue, I	aurel, Ma	ryland	20723
20a. METHOD OF DISPOSITION 1 D Burlai 2 D Cremetion 3 A Rem	oval from Stata	other place)		of cemetery, crematory or			y or Town, Stata
4 Donation 5 Other (Specify)		Mount Oli				yfield.	, Virginia
21. SIGNATURE OF FUNERAL SERVICE US	PRISEE			ME AND ADDRESS OF FA Naldson Fur		. P. A.	
Clerx/<	J. okar		31.	3 Talbott A	venue. La	urel. N	Maryland 20707
23. PART I. Enter the diseases, or cahook, or heart failure.	complications that cause	d the death. Do r	not entar th	a mode of dying, suc	ch aa cardiec or rea	piratory arrea	t, Approximate
IMMEDIATE CAUSE (Final					. ,		Interval Between Onset and Daath
disease or condition reaulting in death)				ARCINOM	A LUK	G	
	OUE TO (OR AS	A CONSEQUENCE OF		100.			April 92
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O			<u></u>		
CAUSE (Disease or injury	c						
that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):				
reaulting in death) LAST	d						
	a contributing to death	but not regulting	in the unde	riving cause given in	Part I. 24s WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PART II. Other algorificant condition	valuete	Ann	110		PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	micrece,	, , , ,	Mil	es ·	1 TYES	2 NO	OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)	heck only one)	-	
1 YES 2 NO	1 - Inpetient 2 - ER/Out			g Home 5 🗆 Raaldence			
	(Month, Day, Year)	28b. TIM	JURY	Bc. INJURY AT WORK?	28d. OEŞCRIBE HOV	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicida detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF INJUR building, etc. (Spe		street, factory	, office	28t. LOCATION (Street City or Rown, Sta	et and Number or te)	Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurr	red at the time	, date and place, and due	to the cause(s) and m	onner na stated	
(Check only one) 2 MEDICAL EXAMINE							cause(a) and manner as stated.
II 29b. BIGNATURE AND TITLE OF CERTIFIE	Ned Ins	Auren	111.	29c, LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	many 10	4	1011	D21	274,	1 1	2/20/93
30. NAME AND ADDRESS OF PERSON WH ABDUL NAYE	FM MIN 3	450 FOR	Print) ME	EADE ROAD	LAURE	1 M.	1 20724
31 DATE EN ED (Month Day Vers)	1 DECISTRAPIO DIO	MATHRE	-, -, -, -, -, -, -, -, -, -, -, -, -, -	,,,,,,		1 /	

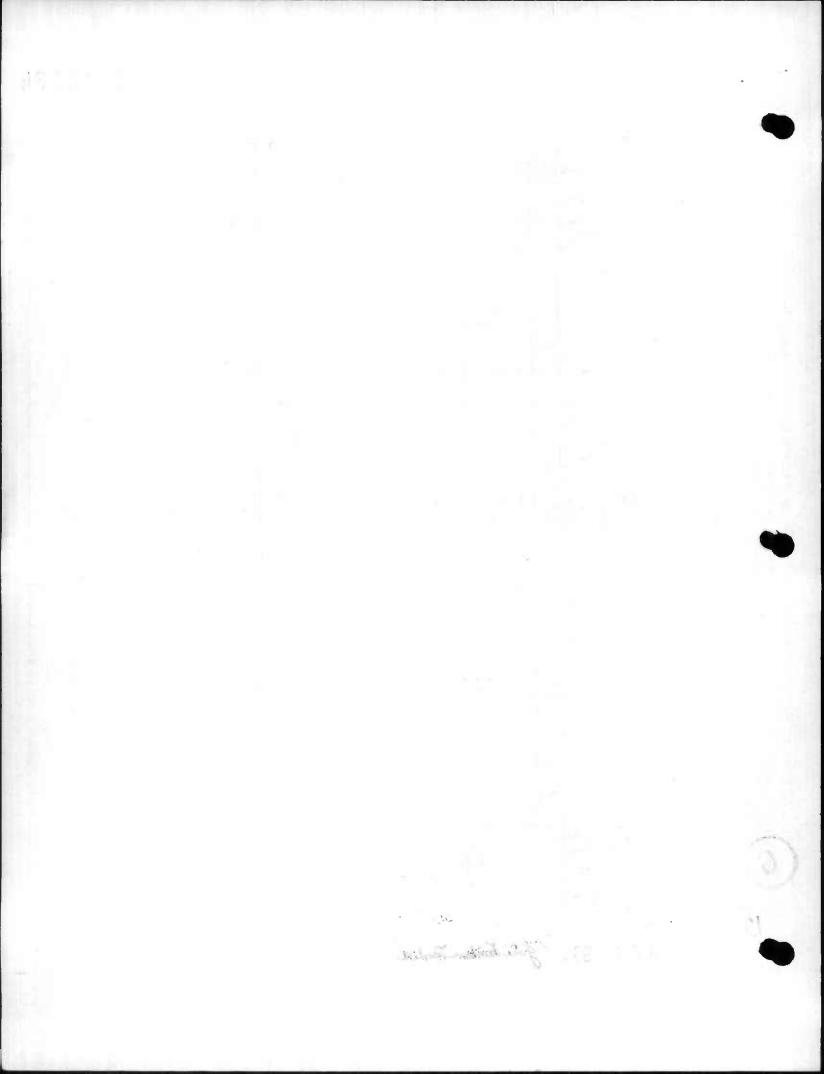
ID RETURNATURECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

JIVISION OF VITAL RECORDS, P.O. BOX 13146,

irs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DEC 23 1993 Juli Kerley Broken



93 37335 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Leas)
ALFRED 2. DATE OF OEATH GLAZER 5.35A 12 2.2 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MAR 4, POLAND 1904 YRS. Pages 1, 2, 3 should 96 CITY TOWN OR LOCATION OF DEATH RANDALLSTOWN NORTHWEST HOSPITAL CENTER

NORTHWEST HOSPITAL BACTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTIMORE BALTIMORE 10d. INSIDE CITY 1 TYES 2 NO permit. 100 CITIZEN OF WHAT COUNTRY? FUNERAL 2418 SMITH AVE 101. ZIP CODE 21209 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY WHITE 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use refired.)
FURRIER 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY P entary/Secondary (0-12) CLOTHING 12 detached once. 17. FATHER'S NAME (First, Middle Last)
ADOLE
GLAZER 18. MOTHER'S NAME (FIRST, Middle, Maiden Surrent RSTER be retained by the BE notified MR KAROL GLAZER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2418 SMITH AVE BALTIMORE MD pe MOX METHOD OF DISPOSITION

1 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - CIT RANDALLSTOWN, Page 6 may DATE Must OPROGRESSIVE SICK BENEFIT & RELIEF ASSOC 12/22/93 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. ours after death. 6010 REISTERTOWN RD. BALTO., MD 21215 and completely filled in by the bundl, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** the disease or condition resulting in death) Phenonia with Respidatory failure Bilakena 10 da event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO JOR AS A CONSEQUENCE DES 9 attending physician prior CAUSE (Disesse or injury other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 0 signed by the atten Health and Mental 1 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL amy 1 - YES 2 - NO OF DEATH? 1 YES 2 THO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one this certificate h with the State HOSFITAL: OTHER: OR ATTENDING PHYSICIAN: 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 99 COMPLETED 6 Could not be datermined DIRECTOR: / 4 Homicide 28 29a. CERTIFIER

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IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SEMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 40491 12/22/9 2 IN MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEIS M. A. Rigz NWHE

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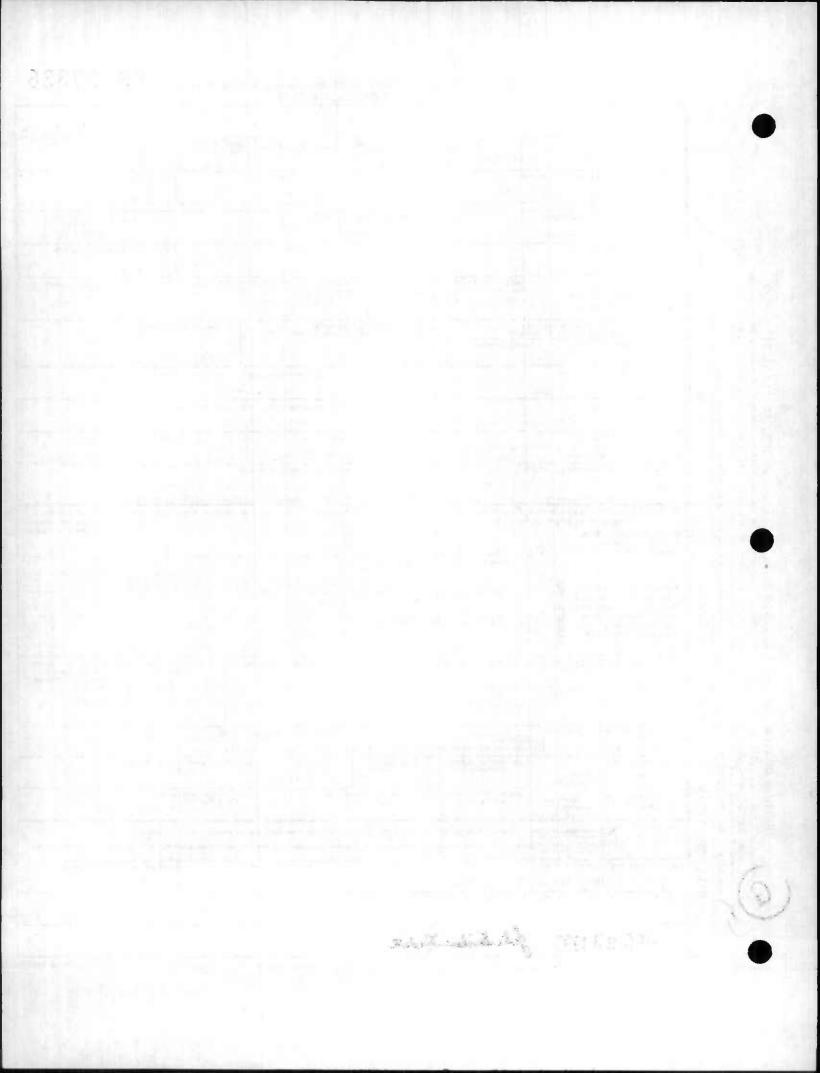
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The second of the second of the second latter was debut the second of the modified accomplished to a second of the
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DIVISION OF	HOSPITAL OR ATTENDING PHYSICI	FUNERAL DIRECTOR: After this cervithin 72 hours after death with the	table of them 90 to marked

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4. SOCIAL SECURITY NUMBER 212-22-2947	1 M 2 M F	6. AGE (In yrs. lest i	YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mon	th, Day, Year)	5	Countr	PLACE (State or Foreign y) yland
Se. FACILITY NAME (If not institution, give					OR LOCATION OF D			9c. COU	NTY OF D	EATH
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RESIDENCE OF DECEDENT						1				
Maryland	-			y, town on Loca 1timore	ITION					10d. INSIDE CITY LIMITS?  1 XXYES 2 NO
10e. STREET AND NUMBER				10	H. ZIP CODE			10g, CITI	ZEN OF V	HAT COUNTRY?
3551 Elmley Avei	nue				21213			U.S	.A.	
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1 Never Married 2 Married 3 Widowed 4 Divorced		TES 2 XX NO WAR OR DATES	0	If yes, s	pecify Cuban, Mexico B 2 X NO Speci	nn, Puerto /y:	Rican, etc.)		Speci	y: White
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DIVIDION OF VITAL RECORDS, P.O. DOA 60700,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	3 should
hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
them 90 is marked as them 97 shows any interest or other fractions the marked to a settled at seven	

1 - STATE REGISTRAR 93 37337 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93 YEAR 4:00 A Helen Gordon 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 218-01-7890 74 11/18/19 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Baltimore Towson RESIDENCE OF DECEDENT 16c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore 1 - YES 2 1 NO FUNERAL 10f. ZIP CODE 10e. CITIZEN OF WHAT COUNTRY? 94 Ginwood Lane 21221 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high /Secondary (0-12) ge (1-4 or 5+) N/A N/A Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bennett F. Parks Margaret E. DeVeas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephen Rodger Jenkins (son) 7705 Heatherside Lane, Ellicott City, MD 21043 20e, METHOD OF DISPOSITION
1 \( \Delta \text{Burial} \) 2 \( \text{Commatter} \) Cremation 3 \( \text{Ramoval from State} \)
4 \( \text{Donation} \) 5 \( \text{Other} \( (Specify) \) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Gardens of Faith Cemetery 12/22 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23. PART I. Enter tha diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory errest, Approximata shock, or heart fallure. List only one cause on each line, Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) a. Adenocarcinoma of the biliary tree DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY MEDICAL 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 TO Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1X Natural 5 Pending 1 YES 2 NO 84 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

(Chank pink)

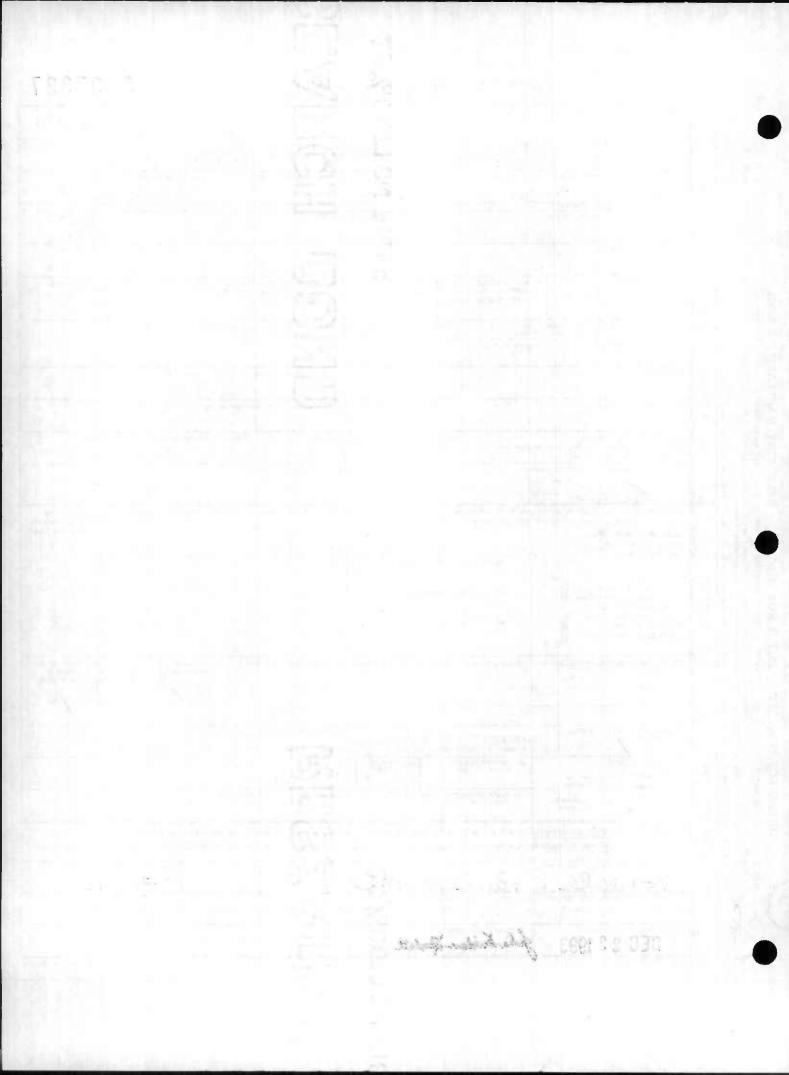
(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D25643 12/20/93 faulknerme 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204

31. DATE FILED (Month, Day, Year) DEC 23 1993



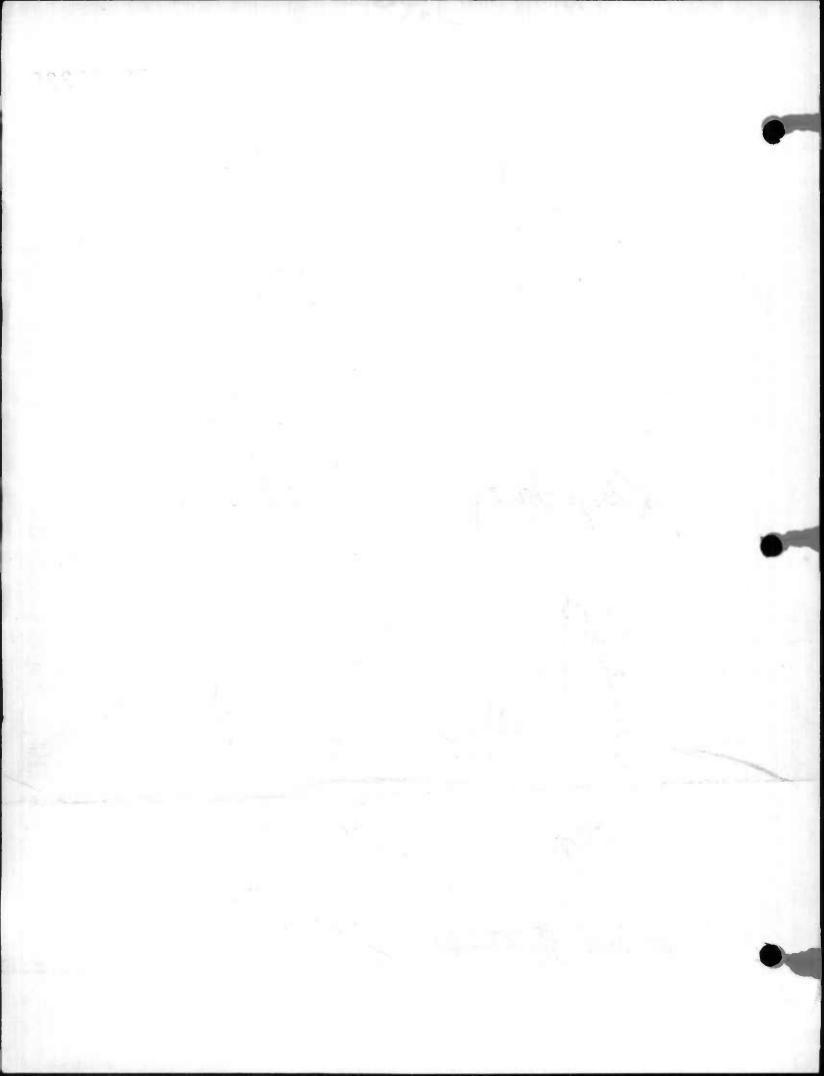


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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Ia:		IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		8. BIRTH	PLACE (State or Foreign
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œ	90. FACILITY NAME (If not institution, give THE JOHNS HOPK		TΛI				R LOCATION OF I	DEATH		9c. COUN	ITY OF O	EATH
6	RESIDENCE OF DECEDENT	1113 110311	TAL		BAL I	TMO	RE CITY				-	
DIRECTOR	10e. STATE 10b. COUN South Carolina	Chesterf	ield	10c. CITY	Cher		ON					10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO
MA	104. STREET AND NUMBER					101.	ZIP CODE			10g. CIT12	EN OF W	MAT COUNTRY?
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B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEOEN FORCES? 1 IF YES, GIVE V	YES 2		lf y	es, spe	ENOENT OF HISPA city Cuban, Mexic 2 M NO Spec	en, Puerto	f? (Specify Y Rican, etc.)	es or No—		- American Indian, c, White, etc.
윤	15. OECEOENT'S ED (Specify only highest grad	DUCATION de completed)			USUAL OCCI			168	KIND OF B	USINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT us	e retired.)		, or maning					
MP	12 17. FATHER'S NAME (First, Middle, Last)		Fa	ctory	Work	er				factur	ing	
- 4	John Wayne Gain	ev					Lula E		Middle, Maide	n Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	1	19	b. MAILING	ADDRESS /S	Street an	nd Number or Rura		her City or To	art Stein 7/4	Code!	
2	John Wayne Gain	ney					Cherav		2952		J000)	
	20a. METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Red 4   Donation 5   Other (Specify)		20b. PLACE cemetery. cre Montr	ANO DATE O	or oisposition	ON (Nan	ne of	12/		ocation - o		wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE			RC	BER	AODRESS OF F RT C. Al Harford	TENB				ME, INC. 21214
	23. ART k Enter the diseases, or shock, or heart fellure	r complications that b. List only one cau	t seused the de	eath. Do n								Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Aqui	RED	In	nmur	V0 1	DEFICE	EMCY	Syl	MOSIGN	E	Onset and Dec
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ES 2 NO  and place, and du eth occured at the	heck only or  6 Other  28d. DE	PERFC  1 YES  (Specify)  ATION (Street or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, Sta	N AUTOPSY PRIMED? 2 NO INJURY OCC t and Number of o) anner as state and due to the	24b.  UREO  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,

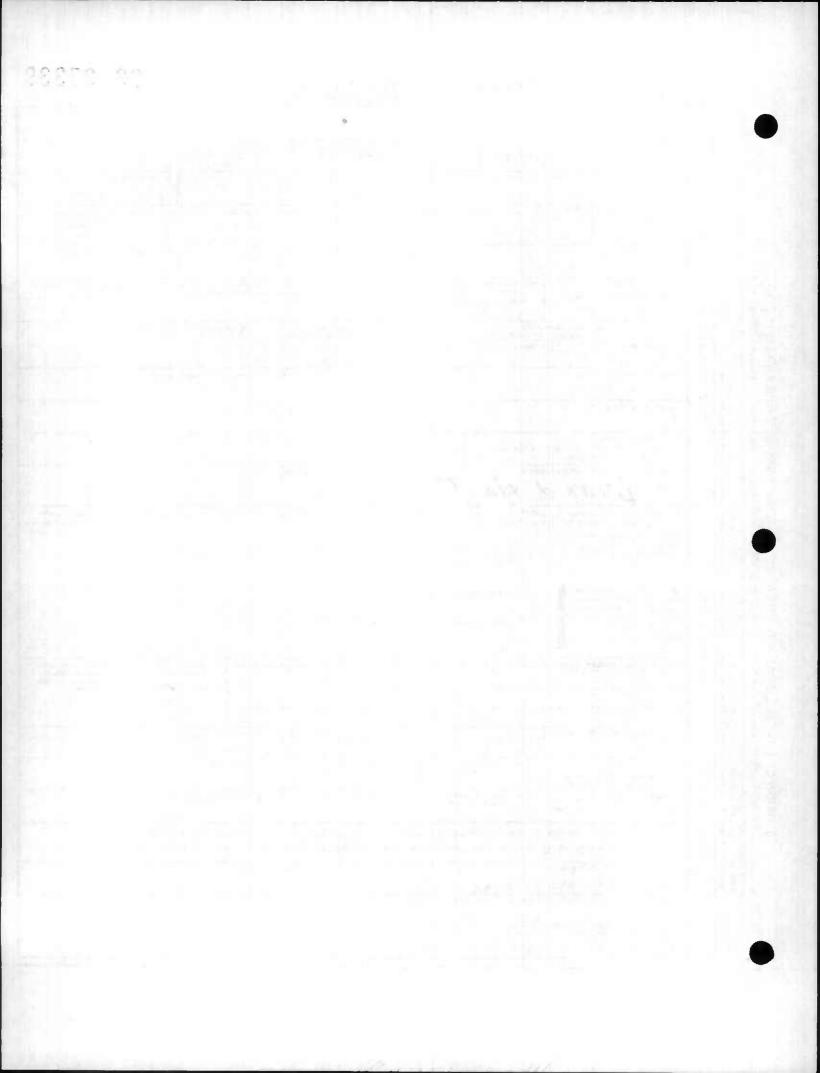
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	TE OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF			E OF DEATH
	DARLENE	М.	GOLPHI	N	1.2	1.9	93 2	:35 F
	4. SOCIAL SECURITY NUMBER			NOER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF	BIRTH	B. BIRTHPLACE	(State or Fore)
	213-44-9916	1 M 2 M F	50 YRS. MONT	THE DAYS HOURS MIN.	March	71, 1943	Mary	land
	9s. FACILITY NAME (If not institution, give	street and number)	96.	CITY, TOWN OR LOCATION OF			TY OF DEATH	
Œ	420E MOODMEDE 7	A S ZEPA TE TE						Od to
DIRECTO	4205 WOODMERE A	AVENUE		BALTIMORE		Bali	timore	City
Ä	10e. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION			10d, #	NSIDE CITY
ā	Maryland Ba	ltimore City	P	altimore			1	JMITS? YES 2 NO
甘	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZ	EN OF WHAT C	
ER	4205 Woo	dmere Avenue		21215		т	J.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN?	(Specify Yea or No -	4. RACE Am	erican Indian
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Mexi 1 TES 2 XNO Spe	can, Puerto Ric	an, atc.)	Black, White Specify:	, atc.
BY	3 Widowed 4 Divorced		****	Y. A.				Black
G	15. DECEDENT'S ED (Specify only highest grad	UCATION fo completed	16a. DECEDENT'S USUA	L OCCUPATION	16b. K	IND OF BUSINESS/INDU	STRY	
E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	lone during most of working ed.)				
AP.	12		Medica	l Records Cle	erk	Clerical		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					Idle, Maiden Surname)		
BE C	William	Horsey			Mary	King		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Run			Code)	
2	Mr. Charles Gol	phin	4205 Wo	odmere Avenue	Balti	more, MD 2	21215	
	20g. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF DIS		DATE	20c. LOCATION — C		rte
	1 N Buriel 2 □ Cremetion 3 □ Red 4 □ Donation 5 □ Other (Specify)	movel from State Cel	melery, crematory or other pi	ecel	1			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	DOURSALLIE	Cemetery I	ECI 24,	1993 Sykesvi	пе, мр	
	- Brian	L. Haist	7			IOME (P. O.	Box 1	95)
	Louis C	1. Harry	,			21784 (410)		
	23. PART I. Enter the diseases, or	complications that cause . List only one cause on a	d the death. Do not e	nter the mode of dying, au	ich as cardle	c or reapiratory arre		Approxime
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	of wound	OP H	e-/A D		
DICAL CER	PART II. Other eignificent condition	one contributing to deeth	but not resulting in the	e underlying ceuse given i		4a. WAS AN AUTOPSY PERFORMED?	AVAILA	AUTOPSY FIN BLE PRIOR 1 LETION OF CA
ME					_   '	YES 2 NO	OF DE	
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one!			
PHYSICI	EXAMINER?	HOSPITAL:		HER:				
175	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 26s. DATE OF INJURY	28b. TIME OF	Nursing Home St Residence		Specify) RIBE HOW INJURY OCCU	IDED	
	1 Natural 5 Pending	(Month, Day, Year) 12/19/93		WORK?		CT SHOT SE		
В	2 Accident Investigation							
ED	3 Suicide 6 Could not be	building, atc. (Spe		nactory, office	A SINE	ION (Street and Number of Town, State) WOODMERE	TATATE FRONT TE	mber;
E			HOME		4203	WOONERE	VATIANT	
COMPL	( and any			the time, data and place, and d my opinion, death occured at ti				nanner sa st
EC	295 SIGNATURE AND TITLE OF CERTIFIE	ER 1/		29c. LICENSE N	UMBER	29d, DATE	SIGNED (Month	Day, Year)
0	Marie ho	U8112		O.C.M			/20/19	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type Print)				,,	
	MARIAMA A			ceet, Baltimo	no Ma	rarland 21	201	
	31. DATE FILED (Month, Day, Year)			eet, baltillo	re, Ma	TYTAIN 21.	201	
	DEC 9 9 1002	32. REGISTRAR'S SIGI	MAIURE					



1. DECEDENT'S NAME (First, Middle, Last)

SAMUEL

212-09-9439

SINAI HOSPITAL

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, Year)

DEC 23 1993

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

Pages 1,	DIREC	10e. STATE MARYLAND	10b. COUNTY	IMORE			TOWN O	R LOCATION ORE				
ısit permit.	FUNERAL C	100. STREET AND NUMBER 6 POMONA NBORTH, APT 6						101. ZIP CODE 21208				
21215-0020 I or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cubin, Maxican, Puer 1 YES 2 NO Specify:										
3	TED	15. DE (Specify or	CEDENT'S EQUI	CATION completed)	(0	ECEDENT'S Give kind of w	rork done o	CUPATION furing most of work	dng	162	b. KIND O	
	COMPLETED	Elementary/Secondary	(0-12)	College (1-4 or 5+)		ROPRI				R	RETA:	
1 8 8 E	BE CO	17. FATHER'S NAME (First, ) HARRY	Middle, Last)	HANE	KIN			18. MO	FANN	ME (First,	Middle, M	
	TO B	190. INFORMANT'S NAME MRS TERESA			.19			(Street and Numb		-		
ALTIMORE, leath. Page 6 may be funeral director, page		20e METHOD OF DISPOSI	TION		20b. PLACE			NORTH,	API	DAT	BALTY	
BALTIMORE, fours after death. Page 6 may be d in by the funeral director, page or removal.		#EBuriel 2 ☐ Cremet 4 ☐ Donation 5 ☐ Othe		oval from State	cemetery, cri	ematory or of TIMOR	her place)		2/20/	. 1	7	
BALTIM after death. Page y the funeral direc noval.		21. SIGNATURE OF EUNER	AL BERVICE LIC	man -	12001	LITOR	22.	NAME AND ADDR	ESS OF FA	CILITY	- 1 '	
VLT funer funer		1 /2	. 1	1		,		OL LEVI				
B/ s after of the removal.	$\dashv$	23. PART 1. Enter the	20	1-1-2	ena	42	6	Olo REIS	STERT	NWO	RD.	
P.O. BOX 68760, the cartificate be executed with conding physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	disease or condition resulting in death)  Sequentially list cond if any, leading to immonuse. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA	ediete YING jury	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
RECOR	PHYSICIAN: MEDICAL	PART II. Other algoritic	eant condition	e contributing to deet	h but not	resulting i	n the un	derlying couse	given in	Part I.	24a. W PE 1  Y	
N: The I	S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	26. PLACE OF	DEATH (Ch	eck only o	ne)	
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SIC TENDI The day	8	3 Suicide 2 Could not be 26s. PLACE OF INJURY — Al home, farm, street, factory, office 26f. LOC.								CATION (S		
DIVI PERL OR AT ERAL DIFFECT IN 72 hours a	COMPLET	torner only		CIAN: To the best of my k								
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( 200	TO BE	130	100	MED.	INT				977			
0		JEFFREY B	A2A, 1	M.D. SINA				F BALT	TIMOI	RE.	B	

32. DEGISTRAR'S SIGNATURE

HANKIN

5. SEX

1 M 2 F

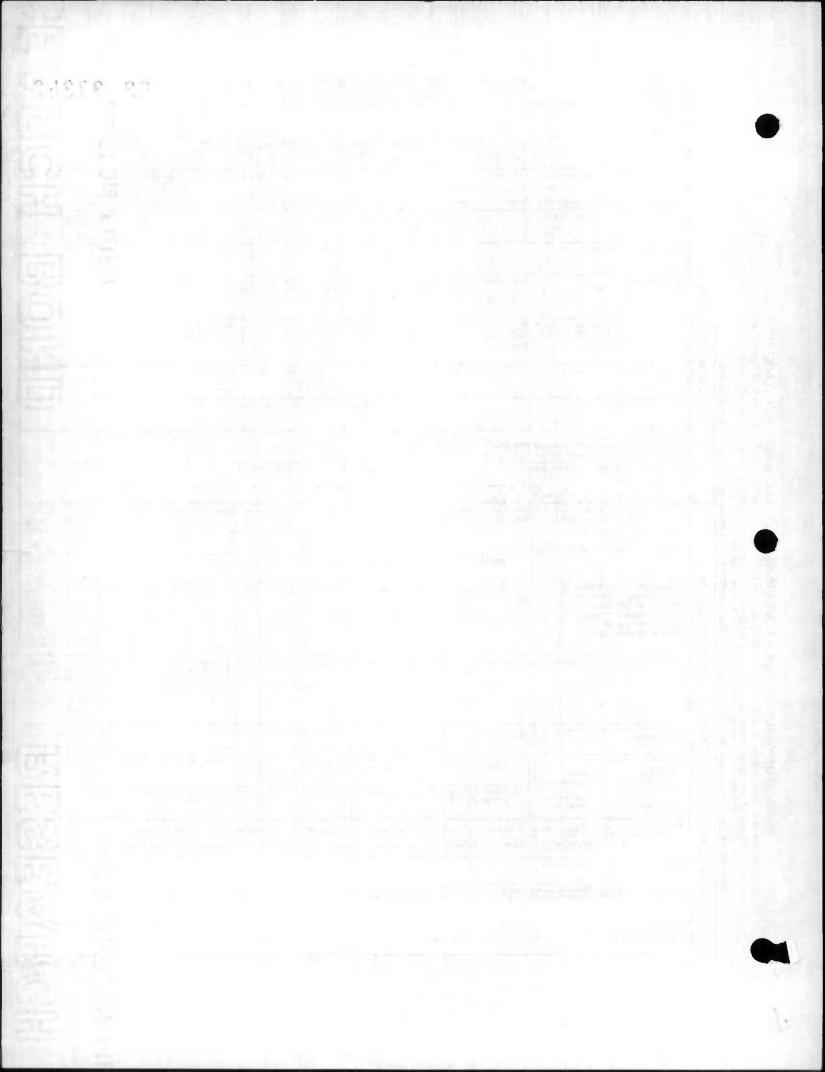
2. DATE OF DEATH 3. TIME OF DEATH 993 12.58 12 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 11/10/05 DELAWARE 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH BALTIMORE 10c. CITY, TOWN OR LOCATION 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE F BUSINESS/INDUSTRY IL feiden Sumeme) ZERDIN · or Town, State, Zip Code) MD 21208 oc. LOCATION - City or Town, State REISTERSTOWN MD , INC. BALTO., MD 21215 reapiretory arrest, Approximate Interval Batween **Onset and Death** 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AS AN AUTOPSY ES 2 NO OF DEATH? 1 YES 2 NO HOW INJURY OCCURED Street and Number or Rural Route Number, State) d manner as stated. ce, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) D 12/19/93 BALTO , MD

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Surs after death. Page 6 may be retained by the hospital or attending an executed within Surs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the section be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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rid. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	E 9:	3 37341
1. DECEDENT'S NAME (First, Middle,		IENRY SR.		2. DATE OF DEATH MONTH E		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 241–12– 5295	1 XXM 2 □ F 7	2 YRS.	UNDER I YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09- 13- 21		BIRTHPLACE (State or Foreign Country) CAROLINA
9e. FACILITY NAME (If not institution, HARBOR HOSPITAL		9	BALTIMORE	EATH	9c. COUNTY	OF DEATH
HARBUR HUSPITAL RESIDENCE OF DECEDEN 100. STATE 100. CC		10c. CITY, 1	BALTIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 5301 MORAVIA ROA  11. MARITAL STATUS	D		101. ZIP CODE 21206			STATES
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Maxic 1 YES 2 NO Specif	en, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Les TOCEDIA LITESOM		16a. DECEDENT'S US (Give kind of word life. Do NOT use n LABORER	done during most of working	BETH S		TRY
	0)		18. MOTHER'S NA	ME (First, Middle, Meider HENRY	n Sumame)	
100. INFORMANT'S NAME (Type/Print) LEWIS HENRY JR.		196, MAILING AC 5301	ORESS (Street and Number of Rural MORAVIA ROAD, BAL	TIMORE, CHARY	CAND Zo 2	<b>1</b> 206
20e. METHOD OF DISPOSITION  Y Burial 2 Cremation 3   4 Donation 6 Other (Specify)	Removal from State Cel	D. PLACE AND DATE OF	NORTAL GARDEN	BA		OF TOWN, State MARYLAND
21. SIGNATURE OF FUNERAL SERVE	CE LICENSEE		WM. C. MARCH FI		IORTH AVE	NUE
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. METASTATIC	each line.	GENIC CARE		pretory arrear	Approximate Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	litions contributing to death i		the underlying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		WITH DILATE	O Chepromyofeth			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH			26. PLACE OF DEATH (C	100		
	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	REO
3 Suicide 6 Could no	26a. PLACE OF INJUR	Y — At home, ferm, stre	al, factory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
and .			it the time, date and place, and du			
296. SIGNATURE AND TITLE OF CER			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year) MBTR 21, 1993
JOSHUA IMPERI				24325		
31. DATE FILED (Month, Day, Year)	32. SEGISTRANS SIGN	NATURE CONTRACTOR		,		

	REGISTRAR				OLITICI TON	TE OF D	LAIII		REG. NO.		3 (	
	1. DECEDENT'S NAME (First		amlette					2. DATE 0 MONTH 1/2	OF DEATH		/EAR	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yra	s. lest birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	- 7	BIRTHPL	NCE (State or For
	250-48-20	23	1 🗆 M 2 🔀 F	73	YRS.	YRS. MONTHS DAYS HOURS MIN.				(Month, Dey, Year) Cou 8/7/1920 A1		n, S.
~	Se. FACILITY NAME (If not in					CITY, TOWN OR L				9c. COUNTY		
СТОВ	Union Mem	oria]	l Hospit	tal Ex	ktended	Care	Unit	Balt	timor	e, MI	)	
REC	10a. STATE	10b. COUNT			10c. CITY, TOW	VN OR LOCATION	N		10			d. INSIDE CITY
ā	MD	n/	'a		Baltimore							X YES 2
RAL	100. STREET AND NUMBER						IP CODE				N OF WHA	T COUNTRY?
FUNERAL	11. MARITAL STATUS	ntpe	lier Str		ARMED	13. WAS DECENE	21218	NIC OBIGIN	(Specify Vec			American India
- 11	1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	XXVO	If yes, specif	ty Cuben, Mexica	in, Puarto R	ican, etc.)	OF 140-	Black, W Specify:	hita, etc.
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	17. FATHER'S NAME (First, M Charli	-7.12	N.7n		11.	16	S. MOTNER'S NA		ULA SH			
BE	19a. INFORMANT'S NAME (1		)M11		19b. MAILING ADDR	RESS (Street and I	Number or Rural				ncie)	
2	WILLIE MA				4911 W	ESTHILL ,	, BALTIMO	RE, M	RYLAND	21229	~~·	
	20a. METHOD OF DISPOSIT		nound from Conta		ACE AND DATE OF DIS	POSITION (Name	of	OATE	20c. LOC	ATION — CIT	y or Town,	
	4 Donation 6 DOther	r (Specify)		Confide	LEAN HINGLOTHECH				ALVI	N, SOU	TH CAF	ROLINA
	21. SIGNATURE OF FUNERA	I OFFICE LI	OCHOCO .			OR MARKE AND	ADDRESS OF FA	CHITY				
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TO BE	190. INFORMANT'S NAME				19b. MAILIN	G ADDRESS (S	Street an				te Number, City or Town, State, Zip Code)			
10	Jennie C. Hammond (Wife) 2502 Lincrest Road, Joppa, Md. 21085													
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the course after death. Page 6 may be retained by the hospital	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR 37344 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Hodges Bernard 9:48 93 Docember 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 1 M 2 | F 215-09-9609 YRS. Jan. 2, 1916 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 3103 Kentucky Avenue 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Street Inspector Baltimore City 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George Hodges BE Mary Slunt 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine B. Hodges (Wife) 3103 Kentucky Avenue, Baltimore, Md. 21213 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Meadowridge Memorial Park 12/24 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata Interval Between ahock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Cardiomyopath Vilated resulting in deeth) Months DUE TO (OR AS A CONSEQUENCE OF): Year's Hypertension CERTIFICATION Sequentielly list conditions, DUE TO YOR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not resulting in the Underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO PHYSICIAN: MEDICAL failure rena COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☑ Inpetient 2 □ ER/Outpetient 3 □ DDA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide COMPL

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d, DATE SIGNED (Month, Day, Year) AT 2438 946-F6 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ba S 21218 More OHMH-15 Rev 1/89

33 33546 and the segretary of the party  Pages 1, 2, 3 should

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60.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	executed	and cor	natic e
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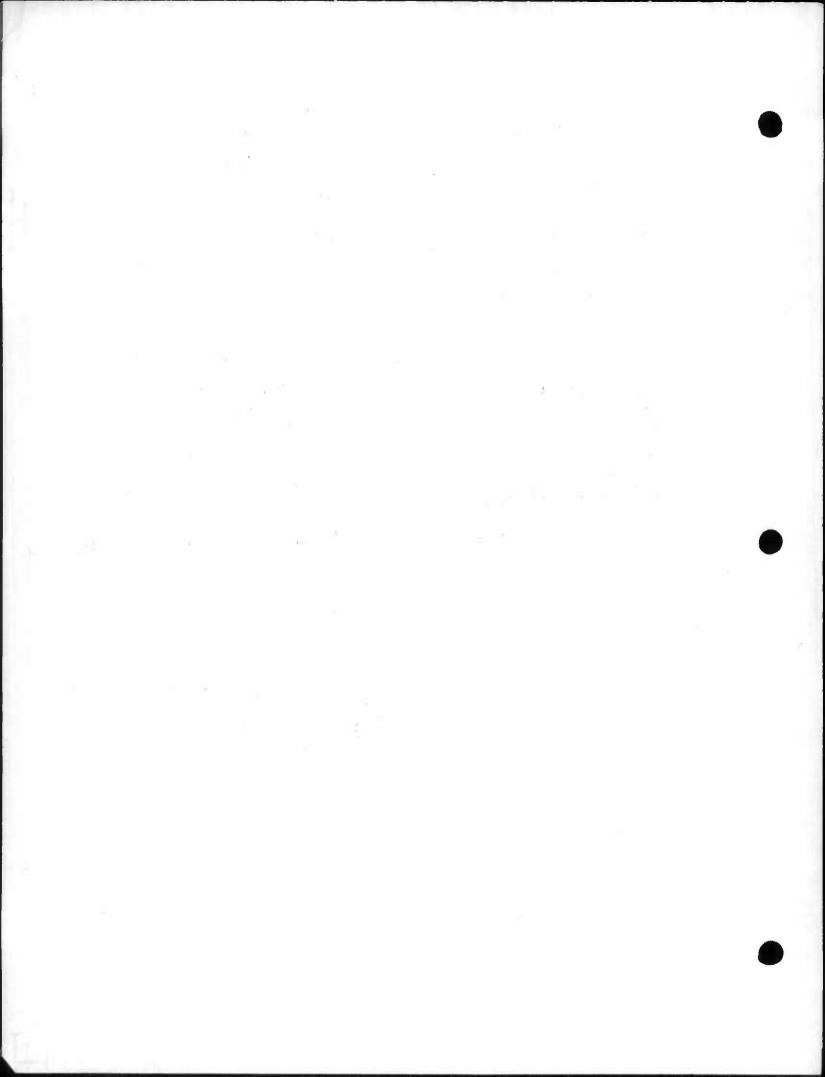
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 1993 December 16, 10:15 A M PEMBROKE WILLIAM HARTMAN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Feb. 22, 5 SEY 6. AUE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 D F 214-03-1627 1912 Maryland Se. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 5648 Pioneer Dr. Baltimore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 XYES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5648 Pioneer Dr. 21214 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) Rowan Controller Assembler 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surnan William Hartman Alice Frances Price BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 383 Eagle Hill Rd., Pasadena, MD 21122 Paige Dunn 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burial 2 Cremation 3 Removal from State Green Mount Crematory 12/17 4 [ ] Donation Baltimore, MD 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. Mense 6009 Harford Rd., Baltimore, MD 21214 23 MART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition_ resulting in death) Refastatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL Dehydration 1 TES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: EXAMINER? OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Realdence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED Netural
Accident 1 YES 2 NO BY 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. ition and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER

5601 Loch Rayer

31. DATE FILED (Month, Day, Year) R'S SIGNATURE 231993

DHMH-16 Rev 1/89



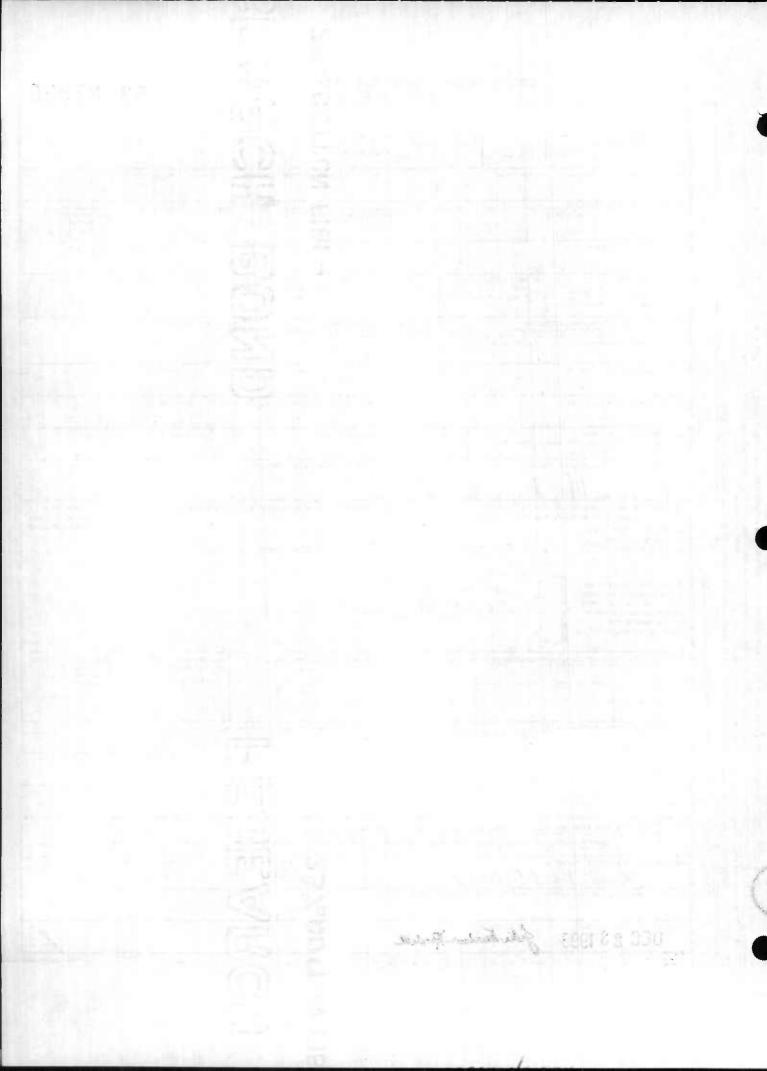
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DEC 23 1993

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH MONTH 2-20-93 4:00 P Virginia HOLTER 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH April 15,1921 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (Stelle or Foreign Couple) Aryland IF UNDER 1 YEAR IF UNDER 24 HRS. 72 216-16-1077 1 M 2 5 phods 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Pages 1, 2, 3 Rossville Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Middle River Md. 1 TES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21220 USA 5 Dentro PLace use as the burial-transit hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White 1 TES 2 NO Specify BY 3 GWidowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Q Elementary/Secondary (0-12) College (1-4 or 5+) detached 8th Housewife 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the funeral director, page 5 should be Mary P. Ford Burwell H. Elwell BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dentro Place Baltimore Md. 21220 Linda Deames ours after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF OISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must TS Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) CedarHillCemeterv12/24/93 Baltimore MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex onn filled in by the foot, or removal. 300 Mace Ave. Baltimore MD. 21221 medical 23. PART I. Enter the diseases, or complications that ceused the de-ahock, or heart failure. List only one cause on each line. complications that coused the death. Do not anter the mode of dying, such se cardiac or respiratory arrest, IMMEDIATE CAUSE (Final **Onset and Death** d completely filler trial, cremation, the disease or condition ONGESTIVE Heart Failure resulting in death) event. executed with ALD TO THE OPEN TO (OR AS A CONSEQUENCE OF): the attending physician and cor Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury Frile that initiated events resulting in death) LAST 0 Injury. the PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any 1 YES 2 NO OF DEATH? 1 TYES 2 T NO t. of has be PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State HOSPITAL:
1 2 Inpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO Ing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending 1 YES 2 NO BY After 1 death 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -6 Could not be COMPLETED DIRECTOR: / 4 Homicide 28 Item 29a. CERTIFIER
(Chack note)
(Chack note)
(Chack note)
(Chack note)
(Chack note)
(Chack note) FUNERAL ( within 72 h HOSPITAL-2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE I BE P35410 12.21-93 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PEGISTRAR'S SIGNATURE

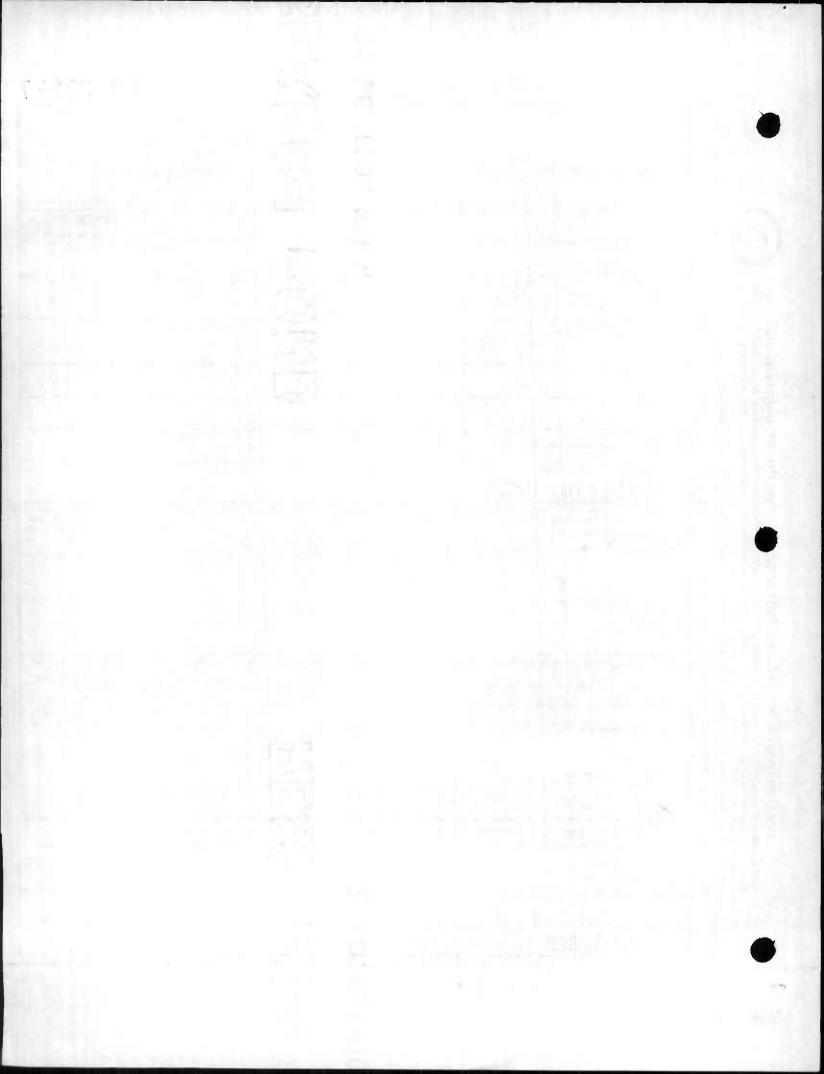
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within emfours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transformer. From 2, 3 should be filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to bunal, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

412-32-8696 1 9a. FACILITY NAME (If not institution, give stree					1.2	1.9	1993	1:23	3 A	
412-32-8696 1 9a. FACILITY NAME (If not institution, give stree	77 1100	(In yrs. lest birthday)								
9a. FACILITY NAME (If not institution, give stree	ET M O C -		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)	8. BIRT	HPLACE (SN		
	<b>⊠</b> M 2 □ F	68 YRS.	DAYS DAYS	HOURS MIN.		7-25		NESSE	E	
J+F SOCIAL CLUB 1101 EDMONDSON AVENUE BALTIMORE CITY N/A										
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		400 CUTY T	TOWN OR LOCAT	1011				T		
			10d, INSIC	5?						
MD N/	A	BE	ALTIMOR	ZIP CODE		1 40.	0777711 05		2 NO	
3513 GREENMOUNT AV	GREENMOUNT AVENUE						U.S.	U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D		If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 X MNO Specif	an, Puerto Ric		Bla	CE — Americ ck, White, sto city: BLACK	C.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/II (Inc. December 2)  16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							S/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	DISAE	מש זע			N/A				
17. FATHER'S NAME (First, Middle, Last)	14/ 73	DISAL	JUED.	16. MOTHER'S NA			ime)			
CURLIE J. JACKSON	SR.			ADDIE	_ (		117612			
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street 4	and Number or Rural	Route Number	City or Town Sta	te, Zip Code)			
AUDREY L. JACKSON				NT AVE./				ID 212	18	
20e. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF			OATE	7	ON — City or		10	
1 Buriel 2XXCremation 3 Remove 4 Donation 8 Dother (Specify)	I from State Cer	metery, crematory or other	place)		1					
21. SIGNATURE OF FUNERAL SERVICE LICEN		REENMOUNT		ND ADDRESS OF FA	ACILITY	BALTI	MORE	MARYL	AND	
23. PART I. Enter the diseases, or con	CORE		_	MARCH F.				VENUE		
disease or condition resulting in death)  a. GUNSAGT WOUND PACE  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificent conditions of	contributing to deeth I	but not resulting in t	the underlying	p ceuse given in		PERFORMED	?	OF DEATH	PRIOR TO ON DF CAUS	
								17 YES	2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: 1   Inpetient 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   SOCIAL								CLIB		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	12 19	199312:35A	AM 1 U	YES 2XXNO	SUBJ	BUBJECT SHOT				
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe		et, factory, offic L CLUB		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  J+F SOCIAL CLUB 1.101 EDMOND:					
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:									ENUE	
290. SIGNATURE AND TITLE OF CERTIFIER	M (h	1 1		29c. LICENSE NU	IMBER	290	. DATE SIGNE	D (Month, Da	y, Year)	
MULT TO	We A	w		OCMI	E	•	12	19	199	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pri	int)							
DAGN () TEN NI	TI JEWO 1	11 Penn St	treet.	Baltimon	re. Ma	ryland	2120	1		
MARIO T-16000	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			2022 621102		L y Land	Coo ale Coo V	al.		





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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE						
CERTIFICATE OF DEATH								

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1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL	HYGIENE REG. NO.		93	3734	
1. DECEDENT'S NAME (First, Middle, Theresa	M.	KELLER			2. DATE OF MONTH	F DEATH	-93 [*]	CAD	3:15 P	
4. SOCIAL SECURITY NUMBER 216-24-8907	3907 1□ M 2 ☑ F 63 YRS. MONTHS DAYS HOURS MIN. APRIL 2					2,19	30 P	Country	E (State or Foreign	
Franklin Square	e Hospital	OR LOCATION OF D	EATH	imore	ore County					
10a. STATE 10b. CC			Y, TOWN OR LOCA	TION				INSIDE CITY LIMITS? YES 2 X NO		
10s. STREET AND NUMBER 7938 Gough Stre				21224			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			INIC ORIGIN?			Black, Windship	American Indian, ita, etc.	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 10th Grade 17. FATHER'S NAME (First, Middle, Let	EDUCATION grade completed) College (1-4 or 5+)	USUAL OCCUPATE work done during mo se retired.)	ON asl of working		ind of Bus Iome	INESS/INDUS	TRY			
	ER'S NAME (First, Mickle, Lest) 16. Mc						Surname)		745	
	Charles Dunleavy  194. INFORMANT'S NAME (Type/Print)  Thomas L. Keller  195. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7938 Gough Street, Baltimore, Maryland 2									
20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. PLACE AND DATE OF DISPOSITION (Name of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of Law of							ATION — Chy	y or Town,		
21. SIGNATURE OF FUNERAL SERVI	DE LIGENSEE	her/	John	nd ADDRESS OF F C.Miller Belair R	, Inc.	Baltin	pre.	Marv]	and 2120	
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. <u>Cardiogeni</u> DUE TO (OR AS	rior myo	F):	infarcti	lon				Interval Betwee	
PART II. Other aignificant cond	PART II. Other aignificant conditions contributing to death but not resulting in t					Inderlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 ▼ NO X				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DOTHER:									
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending	1 Inpetient 2 I ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Hon IE OF 28c. IN.	NO 5 Residence			INJURY OCCURED			
a Carre	Accident Investigation Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify)						2at. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	PHYSICIAN: To the best of my kno								manner as stated.	
29b. SIGNATURE AND TITLE OF CER	ni			29c. LICENSE NUMBER N/A			29d. DATE SIGNED (Month, Day, Year)			
Dr. Moorkath U				Baltimo	ce, Md	2123	7			
DEC 231993	Jan Serredarranse Sig									

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)*

DEC 2 3 1993

AUI															
	1 - FOR STATE REGISTRAR		STATE OF M	MARYLAND /	DEPAR	TMEN	T OF H	DEAT	AND I	RE	G. NO.	9	3	3734	9
	1. DECEDENT'S NAME (First, MARK	K	UPERMAN							2. DATE OF OR MONTH	21	1993	YEAR	3. TIME OF OEATH 4:52 A	н А м
	4. SOCIAL SECURITY NUMBE 213-39-4591	ER	5. SEX 1 1 M 2 F	6. AGE (In yrs. la:	yrs.	IF UNDE	DAYS	IF UNDER	24 HRS.	(Month Day	7. DATE OF BIRTH 8. BI (Month, Day, Year) Co			HPLACE (State or Fore	sign
	90. FACILITY NAME (If not ins	titution, give str	reet and number)			9b. CIT	Y, TOWN	R LOCATION	ON OF DE				NTY OF E	DEATH	
DIRECTOR	SINAI HOSP	ITAL				В	ALTI	MORE	100						
EG		10b. COUNTY					OR LOCAT							10d. INSIDE CITY	
1 1	MARYLAND  100. STREET AND NUMBER	BALTI	MORE				MILI	LS						LIMITS?	10
FUNERAL	104 CARAWAY RD APT 104						101	2111	<b>.</b> 7			RUS	SSIA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced				AMED NO	13.	If yes, sp	ENDENT Cooling Cuba	n, Maxicai	IC ORIGIN? (Spen, Puarto Rican,	etc.)	or No		E — American Indiar k, White, atc.	۶,
E		DENT'S EOUC		(6	ECEDENT'S	work done	during ma	ON and working		16b. KIND	OF BUS	INESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5 +	Me	REHOU	se retired.)					REN	HOUS	SE.		
ш	17. FATHER'S NAME (First, Mice ILYA	Idle, Last)	KUPER	MAN				18. MOTI	EVOF	ME (First, Middle,	Maiden S	Surname)	F	ROTMAN	
TO B	19s. INFORMANT'S NAME (Repulprint)										7				
	90a. METHOD OF DISPOSITIO	ON BATTA	- t State	20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of	71 -			ATION -			-
	4 Donation 5 ther (	Specify)		BALT	'IMORI				/23/9			IMOR	E N	4ID	
	21. SIGNATURE OF POHERAL	SERVICE LICE	H5# -///			22 S	NAME AN	D ADDRE	SON &	BROS.	· IN	ic.			
Ц	Hodu	4 2	Stelle	au		6	010	REIST	ERTO	WN RD.	BA	LTO.			
		art fallure. L	omplications that list only one cau	t caused the de ise On each line	eath. Do r	not ente	r the mo	de of dyl	ng, suci	n se cerdisc o	r respir	atory srr	reat,	Approximation interval Bet	tween
	IMMEDIATE CAUSE (Fine disease or condition	el .		Ц	- 1.00									Onset and	Death
	resulting in death)		DUE TO	(OR AS A CONSE	UENCE	F):									
ERTIFICATION	Sequentially list condition if any, leading to immed	lete		(OR AS A CONSE	OUENCE O	F):									
2	cause. Enter UNDERLYIN CAUSE (Disesse or Injury														
F	that initiated events resulting in deeth) LAST		DOE 10	(OR AS A CONSE	OUENCE O	F):									
디디	DARRY II ON I III	0.													
MEDICAL	PART II. Other algnificen	conditions	contributing to	deeth but not	reculting	in the u	nderlying	cause (	dven in i	Part I. 24a.	WAS AN A	WTOPSY MED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR TO	0
EDÍ							<del></del>	·		1 DC	YES 2	□ NO		COMPLETION OF CA OF DEATH?	
2										_				THE YES 2   NO	2
IAN	25. WAS CASE REFERRED TO						26. PL	ACE OF D	EATH (Che	ock only one)					_
SIC	EXAMINER?  1XXYES 2 \( \text{I NO} \)		HOSPITAL:	ER/Outpatient 3	3 DOA	OTHE 4   Nu		• 5 🗆 Re	sidence	6 Other (Spec	city)				
27. MANNER OF DEATH  288. DATE OF INJURY (Month, Day, Year) FOUND 266. TIME OF WORK?  286. INJURY AT WORK?									TE						
B	a _ racoldonii	nvestigation		1993			1 🗆 1		XNO						
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	29b. SIGNATURE AND ATTLE C		/			, iii my	opinion, a				Tarca, and			the or the contribution of	teG.
BE	No.	OCHIPIER	1 /1	Man da	una				C.M.					(Month, Day, Year) 1993	
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print		l l							-

21201

111 Penn Street, Baltimore, Maryland

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DIVISION OF XITAL RECORDS, P.O. BOX 68760.	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within announce after	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	to the house shoots width the Books Road and Warter and Mariana when to being a commen
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4. 5	SOCIAL SECURITY NUM			8. AGE (In yrs. I		IF UNDER t	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	7	9.3	IPLACE (State or Foreig
2	12-09-5305		1 🔀 M 2 🗆 F	91	YRS.		DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Countr	
	FACILITY NAME (If not I		street end number)	71		9b. CITY,	TOWN C	OR LOCATI	ON OF DE		11 02	9c. COU	NTY OF D	
S St	t. Agnes H	ospita	al C.P.E.R			Bal	tim	ore	City					
THE TOP	RESIDENCE OF DECEDENT										10d, INSIDE CITY			
DIRECTOR	lordia	Volu			Selli	rt Or								LIMITS?
	. STREET AND NUMBER		1514		_ FO	IL OI	_	. ZIP COD	E			10g. CITI	IZEN OF V	WHAT COUNTRY?
10. 56	605 Isabel	le Ave	enue					3201	9				US	A
5 11.	MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED			ENDENT C	F HISPAN		N? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
	Never Married 2 Widowed 4 Div		IF YES, GIVE WA		A INO			2 NO			recent, etc.)		Speci	
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17.1	FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First,	Middle, Meiden	Sumama)		
<u>G</u> €	erhardt Kn		er					Unk						
0 100	. INFORMANT'S NAME (										nber, City or Tow			3 04007
1.10	ary Lynn S						_		ve,					d 21227
10	METHOD OF DISPOSIT XBurial 2 ☐ Cremeti ☐ Donation 3 ☐ Othe	ion 3 🗆 Rer	novel from State		e and date of commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the commetory or of the comme				10/0	DA'	TE 20c. LO	CATION —		wn, State Maryland
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-	TO IN HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE MUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	IN THE WITHIN 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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2

29a. CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

Mark McGinlev

DEC 2,3 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM TT) (35)

MD

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Mary

Jane

KLINE

4. SOCIAL SECURITY NUMBER S. SEY 6. AGE (In yrs. lest birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS 117-20-0818 1 M 2 TF YRS. Feb. 11,1916 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Baltimore permit. FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 4310 Winterode Way use as the burial-transit 21236 hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, stc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete ò ry/Secondary (0-12) College (1-4 or 5+) N/A N/A detached Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the Peter Montoro, Sr. Maria Rue11 BE funeral director, page 5 should notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miss Marion Rose Kline (dghtr) 4310 Winterode Way, Baltimore, MD 2 20e. METHOD OF DISPOSITION
14 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Int I Ord. of Oddfellows Cem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY after death. Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 and completely filled in by the burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel the disease or condition Pneumonia event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Respiratory Failure traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING c. Multiple Cerebrovascular Accident CAUSE (Diseese or injury that initiated events resulting in death) LAST 6 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 30 Hypothyroidism amy signed Health a t. of h has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate the State **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 15 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? marked, with w 1 Natural
2 Accident 5 Pending м 1 YES 2 NO BY After 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 69 COMPLETED DIRECTOR: / 4 Homicide 28 item

CERTIFICATE OF DEATH

29c. LICENSE NUMBER

9000 Franklin Square Drive Baltimore 21237

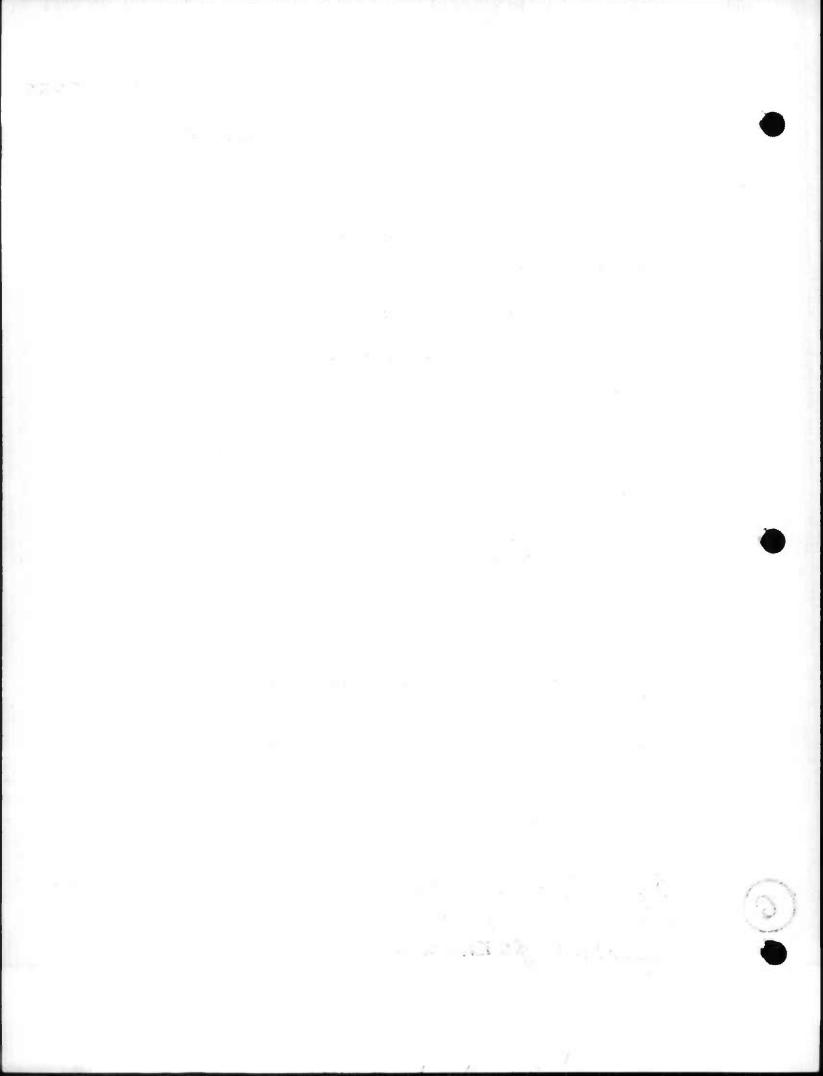
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93 37351 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 17 1993" 7:00 P. 6. BIRTHPLACE (State or Foreign Pennsylvania 9c. COUNTY OF DEATH Baltimore County 10d. INSIDE CITY 1 YES 2XX NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White 166. KIND OF BUSINESS/INDUSTRY Own Home 21236 20c. LOCATION - City or Town, State Brisbin, PA Approximate interval Betw Onset end Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO 1 ☐ YES 2 ☐ NO 28d. DESCRIBE HOW INJURY OCCURED 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated, 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

29d. DATE SIGNED (Month, Day, Year)

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of the manner of the second of the law requires that the dearn certained be executed within 24 hours after death. Page 5 may be retained by the hor	NETAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	
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	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICATE		REG. NO.	73	3735
- 13	1. DECEDENT'S NAME (First, Middle, Las	/-	nà		2. DATE OF DEATH	5-9 YEAR	3. TIME OF DEATH
8	4. SOCIAL SECURITY NUMBER 419-30-7786	1½ M 2 □ F 64	YRS. If y birthday) IF UNDER 1 Y	/EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, 1994)	8. BIRTI	IPLACE (Store or Foreign
стов	99. FACILITY NAME (If not institution, gived 17204 USHER PLARESIDENCE OF DECEDENT			ER MARLBOR		9c. COUNTY OF D	DEATH
DIRE	10e. STATE 10b. COUN	PG	UPPER N	LOCATION MARLBORO			10d. INSIDE CITY LIMITS? 1 YES 2 \( \) NO
VERAL	17204 USHER PLAC	DE .		101. ZIP CODE	20028	10g. CITIZEN OF V	WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE KOrean War (A	2 NO If w	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 XNO Speci		Blaci	E - American Indian, k, White, etc. Yack
PLETED	15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	Give kind of work done duri life. Do NOT use retired.)  Historic Te	ing most of working	16b. KIND OF BUSI	INESS/INDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Albert King Sr.			18. MOTHER'S N	ME (First, Middle, Meiden S Ia Green	Surneme)	
B	19a. INFORMANT'S NAME (Type/Print) Milton King		196. MAILING ADDRESS (S 1426 Shady G		Acute Number, City or Town, District H		Md 20028
- 1	20a. METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	movel from State 20b. PL. Gemete Md.	ACE AND DATE OF DISPOSITION OF CHEMOLOGY OF OTHER PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ON (Name of		ATION — City or To	wn, Stata
6	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE			John T. Rh	ines Co.	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceuse on each	diserday	e mode of dying, suc	ch as cardiac or respire	story arrest,	Approximata Interval Batw Onset and D
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CC					
: MEDICAL	PART II. Other significent condition	ons contributing to death but  Office Office A	not resulting in the unde	rlying cause given in	Pert i. 24a. WAS AN A PERFORM 1 YES 2	NED?	WERE AUTOPSY FINDS MILE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpetie	OTHER:	28. PLACE OF OEATH (C/			
ВУ РНУ	27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s PLACE OF INJURY	At home, lerm, street, factory,	, office	281. LOCATION (Street en City or Town, State)	d Number or Rural F	loute Number,
COMPLET		SICIAN: To the best of my knowledg					) end manner es state
				29c. LICENSE NUI		29d. DATE SIGNEO	
O BE C	Magnete Certific	Colyway V	m	A) 2-10	130	1/2-3	Worth, Day, Year)

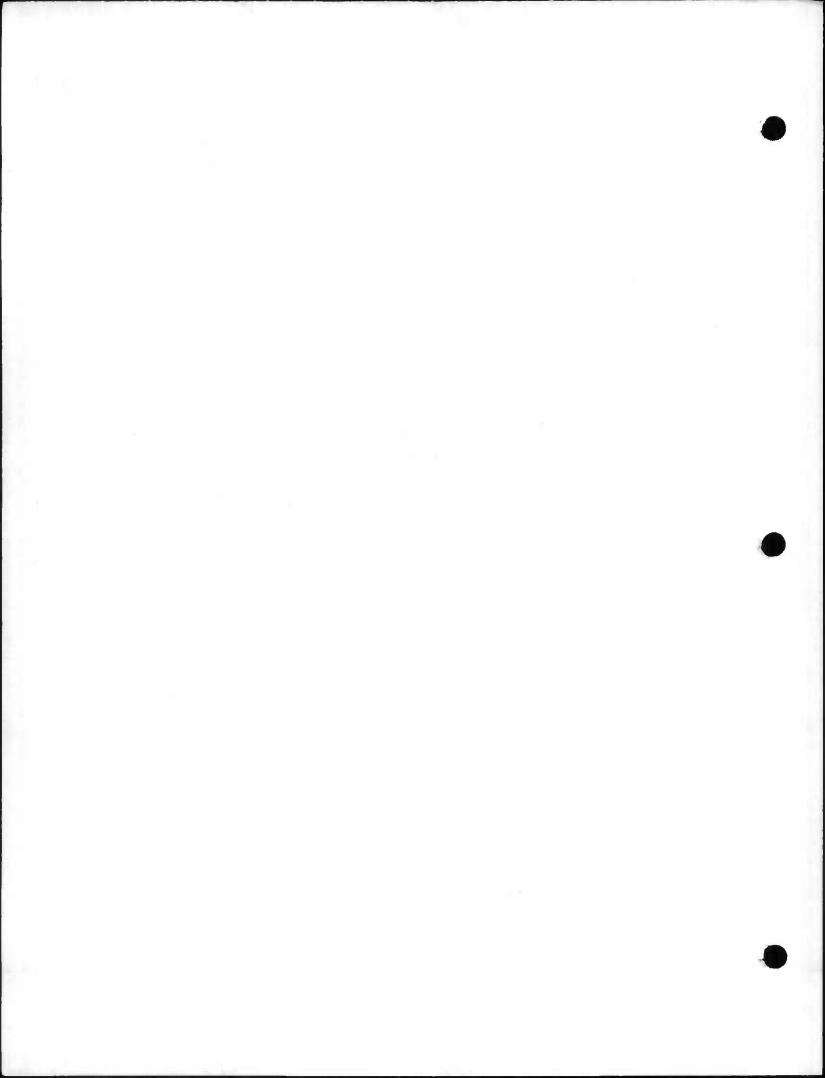


1		FOR STATE REGISTRAR
1	D	ECEDENT'S NAME

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	9		-	_	-

		1. DECEDENT'S NAME (First, Middle, Last)	CLARENCE	ELME	R KIR	BY		AW UP	3. TIME OF DEATH
		CLARENCE 4. SOCIAL SECURITY NUMBER	ELMER 5. SEX   6. AGE	KIRC (In yrs. last birthdo		AR IF UNDER 24 HRS.	DECEMBER  7. DATE OF BIRTH		SIRTNPLACE (State or Foreign
50		213-36-7320	1 X M 2 🗆 F	97 YRS	MONTHS D	WE HOURS MIN.	DEC. 1,	896 MA	RYLAND
3 should	<u>«</u>	98. FACILITY NAME (If not institution, give st GOOD SAMARITAN HO				WN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATN
1, 2,	CTO	RESIDENCE OF DECEDENT							
permit. Pages	DIRECTOR	MARYLAND 106. COUNTY			ALTIMOR				10d. INSIDE CITY LIMITS? 1 V YES 2 NO
usit	FUNERAL	3602 ECHODALE AVE	NUE			101. ZIP CODE 2121	4	-	OF WHAT COUNTRY? USA
21215-0020 If or attending physician. For use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 V Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER (FORCES? 1 _ YES	2 ANO	If ye	BECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci			RACE — American Indian, Black, Whita, atc. Specify: VHITE
r atter	ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind	I'S USUAL OCCU		16b. KIND OF BU		
	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		CLERGYM	AN	UNIT	ED METH	HODIST CHURCH
8 8 2 Z	BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY GUYTON	KIRBY			18. MOTHER'S N. MARCI	AME (First, Middle, Meiden A		JCKER
E, MARN y be retained to age 5 should be notified	10	19a. INFORMANT'S NAME (Type/Print) MRS. ALICE T. KIR	RBY	360	NG ADDRESS (SI 2 ECHODA	Teet and Number or Rural ALE AVENUE	Aoute Number, City or Tow BALTIMORE	n, Stefe, Zip Cod , MD . 2	21214
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be r		20e METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State Ce	b. place and da PARKWOOI	OUT EMET	N(Name of ERY 1	2/24/93 BA	LTIMORE	or Town, State
BALTIMORE, after death. Page 6 may be by the funeral director, page noval: cal examiner must be	1	21. SIGNATURE OF FUNERAL SERVICE LIC	PAUL L. H	ARTSOCK	LE	NARD J. R	UCK INC.	****	WD 04044
a at		23. PART I. Enter the diseases, or c	omplications that cause	d the deeth. D	o not enter ihe	mode of dying, su	ROAD RALT	ratory arrest,	MD 21214 Approximate
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a clan	CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):				
Certifi Inding p	RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):				
DS, P the death the atten d Mental P Injury, or	CE	PART II. Other algnificant conditions	e contributing to death a	out not resultin	a in the under	lying cause given in	Part I. 24s. WAS AN	ALTTOREY	24b. WERE AUTOPSY FINDINGS
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 3 37351.

REGISTRAR			CERTII	FICATE O	F DEATH	RE	3. NO.	, 0	1000	
1. DECEMENTS AVE	1. DECEMENTS AME (Flor Middle, Last)  (KRZESZEWSKI KPESESKI						2. DATE OF DEATH 1993 YEAR 3. 1		TIME: OF AN	
4. SOCIAL SECURITY 215-22-7		5. SEX 6.	AGE (In yrs. last birthday,	MONTHS DAYS		7. DATE OF BIF (Month, Day, Dec. 17	,1905	Country) Mary	ACE (State or Fore)	
on. FACILITY NAME (# Saint Jo	not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF DE	yland	9c. COUNT	OF DEAT	one H	
RESIDENCE OF	DECEDENT 10b. COUNT	~	T							
RESIDENCE OF 10a. STATE Maryland	1000	arford		Jarrett	-1.17				d. INSIDE CITY LIMITS?	
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1416 Dal  11. MARITAL STATUS	ewood D				21084			S.A.		
∑ 3 Widowed 4 □		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, i	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify	n, Puerto Rican,	HC.)	A. RACE — Black, W Spacify: White	American Indian hife, etc.	
Elementary/Second  17. FATHER'S NAME (F)	DECEDENT'S EDU	CATION completed)	16a. DECEDENT	S USUAL OCCUPAT	TION most of working	16b, KIND	OF BUSINESS/INDUS	STRY		
Elementary/Second		College (1-4 or 5 +)	Fold	use retired.)		Cil.	14.0			
17. FATHER'S NAME (FI	land different 2 - 40	0	1010	er.	1		rt Mfg.			
		zejewski			16. MOTHER'S NA		Melden Surname)  Walter			
104 INFORMANT'S NA		Jonovi	19b. MAILIN	G ADORESS (Stree	t and Number or Rural I			lode)		
P Norbert		ki			od Dr. Ja				L084	
20a. METHOD OF DISP		and the first	20b. PLACE AND DATE	OF DISPOSITION (			20c. LOCATION — CH			
4 Donation 6 🗆	Other (Specify)		St. Stania	Slaus C	emetery :	12/24	Baltimo	re, Ma	arylan	
21. SIGNATURE OF FU										
Georg	George A. Weber & Sons Inc.  22. NAME AND ADDRESS OF FACILITY  George A. Weber & Sons Inc.  705 S. Ann St. Balto. Md. 21231									
Sequentially list of if any, leading to in cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	mmediate RLYING Injury	b. DUE TO (OI	R AS A CONSEQUENCE	OF):						
		na contributing to de	eath but not reaulting	In the underlyi	ing ceuse given in	Part i. 24a. \	MAS AN AUTOPSY		RE AUTOPSY FIN	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Deer, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N					DEAT		MENTAL HYGII		3 3	37355
	1. DECEDENT'S NAME (Flist, Middle, Lat. FERESA LAW)								2. DATE OF DEATH		1993	3. TIME OF DEATH 11:55 P.M
	4. SOCIAL SECURITY NUMBER 109-50-9804	5. SEX 1  M 2  XF	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month Pay, Year May 9,	958	8. BIRTHI Country New	York
OR	Se. FACILITY NAME (If not institution, given THE JOHNS HOPK						PRE C			9c. CO	UNTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		t0c, CIT	Y, TOWN	OR LOCAT	ION					tod. INSIDE CITY
DIR	New York Br	oome			Bin	gham	ton					LIMITS?
	10e. STREET AND NUMBER					tor	ZIP CODE			10g. CI		HAT COUNTRY?
FUNERAL	51 Park St.						13	3905			USA	
BY	tt. MARITAL STATUS t Mever Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? t IF YES, GIVE W	T EVER IN U.S. ARM YES 2 TO NO MR OR DATES	MED D		If yes, spe		n, Mexicer	IC ORIGIN? (Specify 1, Puerto Rican, atc.) :		t4. RACE Black, Specify	- American Indian, White, atc. White
COMPLETED	ts, DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5 +	(Giv.	e kind of Do NOT u	se retired.)	during mo	st of workin	g	16b. KIND OF			
MP	t7. FATHER'S NAME (First, Middle, Last)	4	Die	etar	y Su	perv	_	15010 1111		lt Car		
BE CC	Stephen Lawren	ce						oan 1	NE (First, Middle, Mek Lane	den Surname)		
TO B	t9a. INFORMANT'S NAME (Type/Print)								loute Number, City or			
	Joan Lawrence							gham	ton, NY			
	20a. METNOD OF DISPOSITION t	emoval from State	cemetery, crem	netory or o	ther place!					LOCATION -		rn, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-   Calva	ar y	22. R	NAME AN	T C.	ALT		UNERA	L HOM	E, INC.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. GRAC  DUE TO  Chres  DUE TO	se on each line.	S H	losT f): leavs f):	DI	. TAS	E	Tall Cardinac or re	spiratory a	rrest,	Approximate Interval Batween Onset and Daeth OO day
PHYSICIAN: MEDICAL C	PART II. Other algorificant condit	ons contributing to	death but not re	euiting	in the u	nderlying	cause (	given in	PER	AN AUTOPS' FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  † YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATN (Che	ock only one)			
YSIG	t 🗆 YES 2 💢 NO	t Cinpatient 2	ER/Outpatient 3			wing Hom		eldence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATN  1  Natural 5 Pending 2  Accident Investigation		ey, Yoer)		JURY	1 🗆 1	RK?	] NO	26d, DESCRIBE NO	W INJURY O	CCURED	
	3 Suicide 6 Could not 4 Nomicide determined	building,	F INJURY — At hon atc. (Specify)	ne, term,	atreet, fac	tory, office			26f. LOCATION (Sin City or Town, St	et and Numb ate)	er or Rural R	oute Number,
COMPLET	onel	YSICIAN: To the best of e										and menner es stated.
TO BE C	296. SIGNATURE AND THE OF CERTI	lh, nf					29c. LICE	42	139	29d. D/	TE SIGNED	(Month, Day, Year)
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT O	F HEALTH AND	MENTA	L HYGIENE	9:	3 3	373	56
	1. DECEDENT'S NAME (First, Middle, Last) WILLIE	Lesane		J	R.	2. DATE MONT 12	OF DEATH DAY	93	AR	ME OF DEA	P M
	4. SOCIAL SECURITY NUMBER 250-51-6785	1 № M 2 🗆 F	In yrs. lest birthday) 23 YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	8%	12770	St	ountry) imter	E (State or	
TOR	9a. FACILITY NAME (If not institution, give s HOLY CROSS HOSPI RESIDENCE OF DECEDENT	,			WN OR LOCATION OF ER SPRING			MONTGO		Y	
DIRECTOR		E GEORGES		YATTSV						INSIDE CIT LIMITS? YES 2	
FUNERAL	3404 55th AVENUE	#402			20782			10g. CITIZEN USA		COUNTRY?	
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:								14. RACE — American Indian, Black, Whita, atc. Specify: Black		
COMPLETED										52	
OM		None	Hovel		18. MOTNER'S I	NAME (First.	Middle Maiden S	(umame)			
	Willie LeSane Si	r				anie					
) BE	19a. INFORMANT'S NAME (Type/Print)	- 0 11 10	19b. MAILING	ADORESS (St	eet and Number or Run			State, Zip Code	)		
2	Janie D. LeSane		1010	Plowd	en Mill R	oad,	Sumter	SC			
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	ovel from State cen	PLACE AND DATE	OF DISPOSITIO	N (Name of	OAT	/93 Da	ATION — City			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Smelli		22. NAM	E AND ADDRESS OF	John '	T. Rhir 12th St	nes Co.	, In	ıc.	
CERTIFICATION	ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CEI	PART II. Other algnificent condition	d. a contributing to death b	In the under	lying causa given i	24a. WAS AN A PERFORA 1 YES 2	ORMED? AMALABLE PRIOR			CAUSE		
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美	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIR		INJURY AT WORK?		SCRIBE NOW IN	JURY OCCURE	0		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(1131111, 23), (641)			YES 2 NO						
	3 Suicide 6 Could not be detarmined	26a, PLACE OF INJURY building, etc. (Spec		street, factory,	A, factory, office 281. LOCATION (Street City or Town, State				et and Number or Rural Route Number, (e)		
COMPLETED		CIAN: To the best of my knowless.  R: On the bests of examination							use(s) and	manner eg	atated.
BEO	SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE N	UMBER		29d. DATE SIG	NED (Mont	h, Day, Year	)
2	me me me	mue			O.C.M	1.E		12/2	0/19	93	
	MAYDRID D	- KOREL IM	n. 111		Street, Ba	altimo	ore, Ma	ryland	21	201	
	DEC 23 1993	EGISTEAR'S SIGN	ATURE								

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerhours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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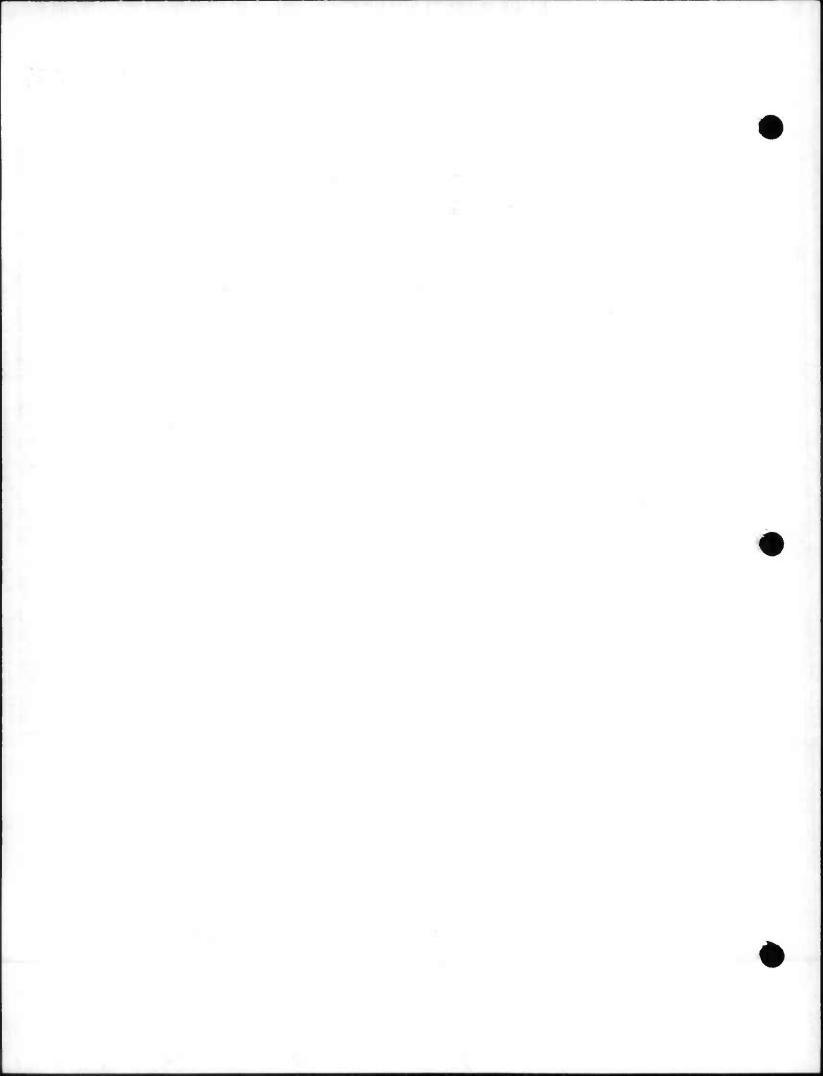
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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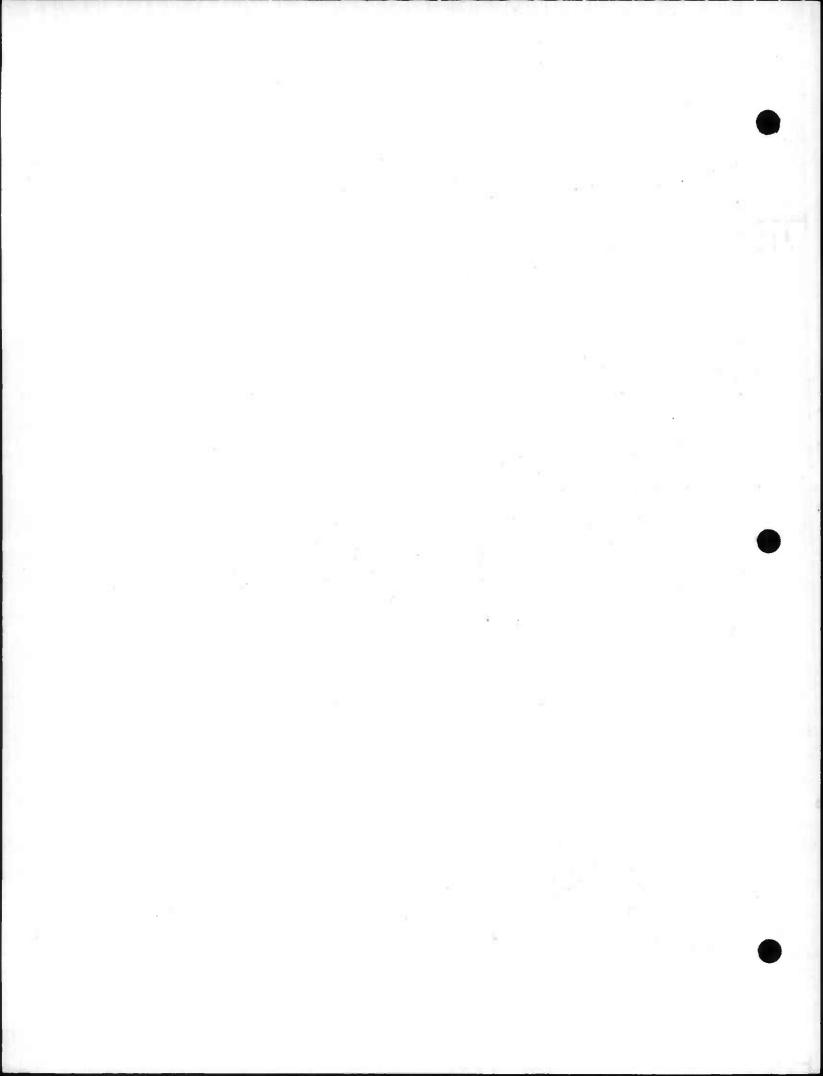
37357 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF OFATH auante Decembe Ocam " A SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 - F Sa. FACILITY NAME (If not institution, give Sc. COUNTY OF DEATH DIRECTOR 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford Kingsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1806 Old Joppa Rd. 21087 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cubin, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2 NO Specify: Specify: INDITE 3 Widowed 4 Wivorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 12yrs Chef yrs. Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Earl Poole Thelma BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Barbara Allinson 1806 Old Joppa Rd. Kingsville, Md. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burial 2 X X remation 3 4 Donation 5 Other (Specify) Metro Crematory 12-20-Balto, Md. 21229 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn F.Home F. Lassahn 11750 Belair Rd.Kingsville, Md.21087 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition eta 200 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 s 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of ext to the cause(s) and manner as stated.

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		1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPA	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	3 . 3	37358		
		1. OECEDENT'S NAME (First, Middle, Lest)	Joyce Bry	ant	MCManı	ıs	2. DATE OF GEATH BONTH 12	MY 1993	3. TIME OF GEATH		
_		4. SOCIAL SECURITY NUMBER 217-20-0989		(In yrs. last birthday)		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Foreign punitry)		
2, 3 should	OR	Seton Hill Mar	-		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY C	M.d. OF DEATH		
7	DIRECTOR	10a. STATE 10b. COUNTY	,		TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1X YES 2 NO		
7]	FUNERAL	100. STREET AND NUMBER 2811 BOARMAN	AVE			1. ZIP CODE 21215			DE WHAT COUNTRY?		
-0020 ng physicial he burlai-traf	BY FUNE	11. MARITAL STATUS  t Never Married 2. Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	s or No- 14, F	RACE — American Indian, Black, White, stc.		
21215-0020 ital or attending physic d for use as the burne.	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT	· ·	ON ost of working	16b. KIND OF BU	JSINESS/INDUSTR	IY .		
MARYLAND of retained by the hospital should be detached to notified at once.	COMPL	12 TH 17. FATHER'S NAME (First, Middle, Last)		UNKNOW	IN	18. MOTHER'S NA	AME (First, Middle, Malden	Sumeme)			
MARYL retained by 5 should be notified at	BE	GEORGE BYRAN'	P	19b. MAILIN	G ADDRESS (Street		MILLER Route Number, City or Tow	un State Zin Code	-		
E, MA y be reta sage 5 sh be noti	2	GEORGE H. BYRA		281	1 BOAR	MAN AVE	BALTO,	MD 21	215		
OR e 6 ma ector, 1		20s. METHOD OF DISPOSITION XIXBurtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	BARRISC	OF DISPOSITION (N. PIPORES	ST VET	122793 0	wings			
		21. SIGNATURE OF FUNERAL SERVICE LIC	A The	mpson	Mar 430	oh F/H W Wabash	est Avenue				
within 24 hours spletely filled in the cremation, or relient, the median		23. PART I. Enter the diseases, or of shock, or heart feliure.  IMMEDIA E CAUSE (Final disease or condition resulting in death)	a. Accept	d the death. Oo each line.	mus	wale of dying, such	_	listory arrest,	Approximate Interval Between Onset and Death		
.O. BOX 6876 certificate be executed ding physician and con tygiene prior to burial,	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	A CONSEQUENCE (		of eg	My				
S, P death death atten ental h	CER	resulting in death) LAST	d								
COR irres that signed by fealth and ws any I	MEDICAL	PART II. Other significant condition	s contributing to deeth i	but not resulting	In the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
has b Dept.		25. WAS CASE REFERRED JO MEDICAL				ACE OF BEATH (C)					
두 음음 등	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inputlant 2   ER/Out	petient 3 DOA	OTHER:	LACE OF DEATH (C)	8 Other (Specify)				
O H this be	ВУ РН	27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0		
SICOR. A	ETED B	3 Suicide 8 Could not be datermined	28s. PLACE OF INJUR building, stc. (Spe	28s. PLACE OF INJURY — At home, farm, street, factory, off building, stc. (Specify)							
토토리	COMPLE		CIAN: To the bast of my known. R: On the basis of exemination						se(a) and menner as stated.		
黑 黑 是 <b>交</b>	H	296. SIGNATION AND TYTLE OF CENTIFIES				29c. LICENSE NU	MBER 2 \( (	29d. DATE SIGN	NED (Month, Dey, Year)		
223	2	38. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print) Ra	051	201 Rep 0	Of L	W 21152		
		31. DATE FILED (Month, 1) (Mar)	32. REGISTRAR'S SIG	NATURE	TUT SOR	- out	10	- WI BOOK	7.0.415		



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TIMORE, MARYLAND 21215-0020	by the hospital or attending physician
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Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

DIVISION OF VITAL RECORDS, P.O. BOX 68760 ATTENDING PHYSICIAN: 8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 12 Joseph I. Mandell 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 08/14/11 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 | F 214-30-6675 82 So. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3012 FALLSTAFF RD APT D 2209 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) 10 PROPRIETOR RESTAURANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surna NATHAN MANDELL KATE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MRS ZELDA MANDELL APM D DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State ROSEDALE MD BETH JACOB 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE Final disease or condition resulting in death) . Lung Cancer

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF)

that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 7 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA ng Home 8 - Residence 8 (XOther (Specify) HOSPICE 27. MANNER OF PEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK7 28d. DESCRIBE HOW INJURY OCCURED 1 🔯 Natural 5 Pending M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be determined 4 🗌 Homicide 29e. CERTIFIER

(Chack only 1 🔀 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER Faulbierno

29c. LICENSE NUMBER D25643

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204

31. DATE FILED (Month, Day, Year) DEC 23 1993 TO REGISTRAR'S SIGNATURE

DHMH-16 Ray 1/89

37359

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3. TIME OF CEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify:

COHEN

WHITE

1 YES 2 NO

Approximate

**Onset and Death** 

Maryland

	SALLIMONE, MANIENTO SISIS-00A
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builat-transit permit, Pages 1, 2, 3 should	ir. page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	st be notified at once.

	Adjulation 4 mm			ERTIF	ICATE	UF	DEA			REG. NO	)		3736	
1. DECEDENT'S NAME (First, AARON	and the same	187 15							MONTH		YAY	YEAR	3. TIME OF DEA	
4. SOCIAL SECURITY NUMB	McDON	S. SEX	4 405 //						12		21 -	93	n/a	
P. Collinson St. Collinson		1. SEX	6. AGE (In yrs.	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Month	OF BIRTH , Day, Year)		8. BIRTI		oreign
243-42-8944 9a. FACILITY NAME (If not ins			00	Tho.						-2-30			N.C.	
3903 LOCH R	AVEN BO						MORE		EATH		9c. CO	N/A	DEATH	
10e. STATE	10c. CIT	Y, TOWN C	OR LOCAT	ION				_		10d. INSIDE CIT	Y			
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10s. STREET AND NUMBER	/-				LTIM		ZIP CODE	E		-	100. Cl	TIZEN OF 1	WHAT COUNTRY?	NO
3903 LOCH	RAVEN	BOUT.EVA	RD				2121	Ω				J.S.A		
11. MARITAL STATUS		12. WAS DECEDEN		ARMED	13. 1				VIC OBIGIN	? (Specify Ye		_		lan
1 Never Married 2 🔀	Merried		X YES 2		1 3	If yes, spe	clfy Cube 2 NO	n, Mexica	in, Puerto R	Ican, etc.)	- OI 110-	Spec	E — American Indi k, White, etc. illy: BLACK	·m··,
15. DECE	DENT'S EDUCA	TION	18e.	DECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BU	JSINESS/IN	_	DLACK	
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		yrs.	"	N/	'A				P	OST O	FFTCE	₹,		
17. FATHER'S NAME (First, Mile							16. MOTH	IER'S NA	_	liddle, Meider				
THOMAS McDO	ONALD					- 1	FA	NNTF	MCE	ACHERI	N			
19e. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS	S (Street ar						ip Code)		
MARIAM McDO	CLIANC									IMORE			Ω	
20e. METHOD OF DISPOSITION	ON		20b. PLAC	E AND DATE				U 4 D/	DATE		OCATION -			
1 N Buriel 2 Cremetion 4 Donation 5 Other	n 3 🗌 Remov (Specify)	ral from State	cemetery,	ISON I	ther place)			וביתיביו	1				LS, MD	
21. SIGNATURE OF FUNERAL		NSEE /	TOMU	IDON I			D ADDRES			I ON	TINGS	i'i ii li li	מניו זכר	
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23. PART I. Enter the dis	seeses, or od	mplicetions the	t coused the	deeth. Do	not anter	the mod	de of dyl	ng, suc	h ss csrd	lac or resp	olratory e	rrest,	Approxim	
IMMEDIATE CAUSE (Fine													Onset an	
disease or condition resulting in death)	<b>+</b> .	Me	+257	+,+,	6	a d	e no	60	100	1001	m a		1 / y	· )
Tooling in doding			(OR AS A CONS										-	
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Sequentielly list condition if any, leading to immed	ons,	DUE TO	(OR AS A CONS	SEOUENCE O	F):									-
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that initiated events		DUE TO	(OR AS A CONS	SEOUENCE O	F):									
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PART ii Other significar	at conditions	contribution to	double but no	t consistence	In Abrasia			Althoras						a vivil a c
PART ii. Other significer	it conditions	contributing to	deeth but no	t resulting	in the un	aeriying	ceuse (	jiven in	Part I.	24s. WAS AF PERFO		246	. WERE AUTOPSY F AVAILABLE PRIOR	TO
									- 1	1 TYES	2 NO		OF DEATH?	CAUSE
										/			1   YES 2	NO
25. WAS CASE REFERRED TO EXAMPNER?		HOSPITAL:			OT1155		ACE OF D	EATH (Ch	eck only one	)				
1 YES 2 NO		1 Inpatient 2	ER/Outpatient	3 DOA	4 Nun	aing Home	5 R	eldence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH		28e. DATE OF (Month, D		26b. TIM	IE OF JURY	28c. INJU			28d. DE\$	CRIBE HOW	INJURY O	CCURED		
	Pending nvestigation				М		ES 2	NO						
3 Suicide 8 C	Could not be	26e. PLACE C	F INJURY At etc. (Specify)	home, ferm,	street, fact	ory, office			28t. LOCA	TION (Street	end Numbi	er or Rural i	Route Number,	
	letermined		(						Only c	v Town, Stets	7			
4 Homicide														
29a CERTIFIER	FYINO PHYSICI	AN: To the best of	my knowledge	death occurr	nd at the st	Ime. date	and place	and due	to the cour	sa(a) and me	nner ee et	hate		
29e. CERTIFIER Check only		AN: To the beat of a											s) end menner ea :	atatad

GPRNZEN GPRNZEN D. REGISTRAR'S SIGNATURE

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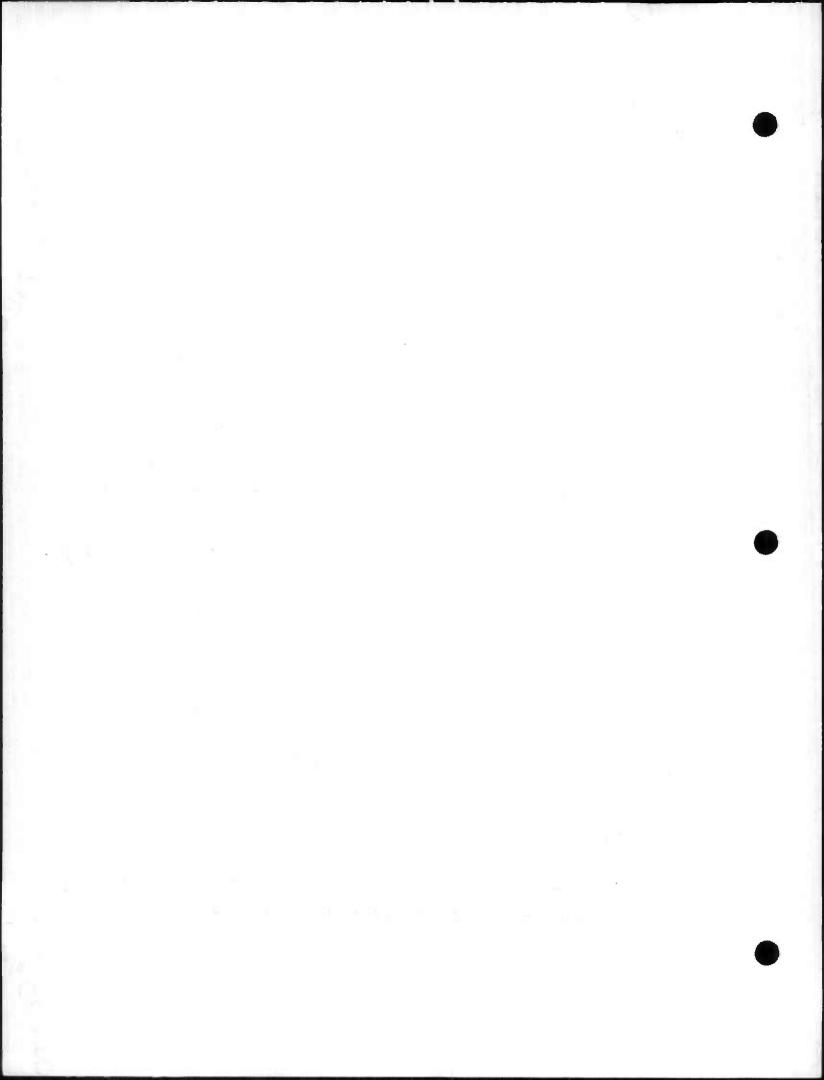
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i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Val.	the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers of the first officers off
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI	1 2	37361
,	1. DECEDENT'S NAME (First, MICHOL, Last)  Charles	mirche			2. DATE OF DEATH	8 194	3. TIME OF DEATH  /537 M
	4. SOCIAL SECURITY NUMBER  249-52-6195  Be. FACILITY NAME (II not institution, give str	1 M 2 🗆 F	WAS. MONT	NDER 1 YEAR SF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) 09-22-3		BIRTHPLACE (State or Foreign Country) S. Carolina
DIRECTOR	ST Agnes Hospi	tal		Baltimore (		Sc. COUNTY	OF DEATH
	MD . 106. STREET AND NUMBER			Baltimore V	City		10d. INSIDE CITY LIMITS?  17 YES 2 NO
FUNERAL	7 Walden Cherr			21207		J	J.S.
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FORCES? 1 YES IF YES, GIVE WAR OR DAT	2-1-NO	13. WAS DECENDENT OF HISP, If yee, specify Cuben, Maxie 1 YES \$1500 Specify NO	an, Puerto Ricen, etc.)	es or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retire Constru	one during most of working ed.)	16b. KIND OF BU	JSINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Unknown			18. MOTHER'S N Unkn	AME (First, Middle, Melder OWN	n Sumame)	
10	Evelyn Edmonds	Mitchell	7 Wald	en Cherry (	Route Number, City or To Court Bal	to., MI	). 21207
	20a. METHOD OF DISPOSITION  1 St Burlel 2 Cremetion 3 Remo 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State cemet	PLACE AND DATE OF DIS lery, crematory or other pl ing Memo		2/93 Ba		1D.
	· Doretha!	Hector CF		E.L.Phillip	s F/HBal	to.,MI	
	23. PART I. Enter the disease, or coahock, or heart feiture. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on eac	consequence or:		ch an cerdiec or reap	piratory arrest	Approximate Interval Between Oneet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions  Alcohol More  (Grationyopa	contributing to death but	t npt reaulting in the	e underlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 40
AN:	25. WAS CASE REFERRED TO MEDICAL	y perkensian		28. PLACE OF DEATH (C	heck only one)		/
72,	EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 DOA 4 D	HER: Nursing Home 5 - Residence	6 Other (Specify)		
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
_	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)	~ At home, farm, street,	factory, office	28f, LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one) —			the time, deta and place, and du my opinion, death occured at th			suse(a) and menner as stated.
DE C	296. SIGNATURE AND TITLE OF CERTIFIER	,		29c. LICENSE NO	IMBER	29d. DATE SI	GNED (Month, Day, Year)
2		hysicia		1)437	35	12	118193
	30, NAME AND ADDRESS OF PERSON WHO	and Stagnes	thisp Cath	Are, Butte, ~	0		
	DEC 231993	32. REGISTRAR'S SIGNAT	TURE!				

for use as the burial-transit permit. Pages 1, 2, 3 should

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AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospit	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	deat	Maken 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR  t. DECEDENT'S NAME (First, Middle, Last)			1111107	II C OI	DEATH	I 2 DA	REG. NO			3. TIME OF DEATN
	MARIE	CAR	RRIE		McCl	RACKEN	MO	ecember	22	VEAD	S, TIME OF BEATH
			AGE (In yrs. last b	//	NDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	,	S. BIRTHP	LACE (State or Foreign
	210 40 0000	1 M 2 X F	95	YRS.	HS DAYS	HOURS MIN.		inth, Day, Year)	898	MARYL	
	98. FACILITY NAME (If not institution, give street 6406 Old Harford RESIDENCE OF DECEMENT			9b.		or Location of C	DEATN			NTY OF DE	
6406 Old Harford Rd.  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  100. STREET AND NUMBER  6406 OLD HARFORD ROAD  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  104. STREET AND NUMBER  6406 OLD HARFORD ROAD  12. WAS DECEMBENT OF NISPI  13. WAS DECEMBENT OF NISPI  14. Namer Marriad  15. WAS DECEMBENT OF NISPI  16. STREET AND NUMBER  6406 OLD HARFORD ROAD  11. MARRIAL STATUS  12. WAS DECEMBENT OF NISPI  14. Namer Marriad  15. WAS DECEMBENT OF NISPI  16. STREET AND NUMBER  6406 OLD HARFORD ROAD  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STREET AND NUMBER  16. STR				10c. CITY, TO	VN OR LOCA	TION					10d. INSIDE CITY
								LIMITS?			
	6406 OLD HARFORD	ROAD			10	f. ZIP CODE 21214			10g. CIT	USA	NAT COUNTRY?
	11. MARITAL STATUS  t Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ER IN U.S. ARME YES 2 NO OR DATES	ED	If yes, s	CENDENT OF NISPA Decify Cuben, Mexic 5 2 NO Spec	an, Puerl	GIN? (Specify Yes o Ricen, etc.)	or No-	14. RACE - Black, Specify. WH I	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give	DENT'S USUA	one durina m	ON ost of working	1	66. KIND OF BU	SINESS/INC	11112	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do	o NOT use retir			- 1	,	T 110	WAST.	
	12 17. FATNER'S NAME (First, Middle, Last)			HOUSE	WIFE_	18, MOTHER'S N	1115 (5)		T HO	ME	
ı	CHARLES NICHOLAS	SESER						MELIA H	,	ORN	
ı	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAJLING ADDI	RESS (Street	<u> </u>					
ı	ELIZABETH BROMWE	Constitution of Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florida Florid					214				
20e. METHOD OF DISPOSITION  1XI Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelety, cramatory or other place)  MOREL AND MEMORIA 12/27/03 RAITIMORE MD					n, Stats						
	4 Donation 5 Other (Specify)		MORELA	ND ME	MORIA			7/93 BA	LTIM	ORE,	MD.
	Lefn & Do	JOHN E.	DOLAN			nd address of F		Baltim .Inc.			
1	23. PART i. Enter the diseases, or co	mplications that ca	used the deat	h. Do not e	iter the me	ode of dying, au	ch aa c	ardiac or reepi	ratory an	reat,	Approximata
	shock, or heart fallure. List only one ceuse on each line.									Onset and Dea	
I	disease or condition prophyranography Assessant										
		Caret	rarasc	ulio	- /	Accide	17	_			1 week
	disease or condition		AS A CONSEQUE		- /	Accide	nt				1 week
	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR		ENCE OF):	- /	Accide	ent				1 week
	disease or condition resulting in death)  a.  Sequentially list conditions,	DUE TO (OR	AS A CONSEQUE	ENCE OF):	-	Accide	ny				I week
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):  ENCE OF):							/ week
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29e. CERTIFIER
(Check only one)

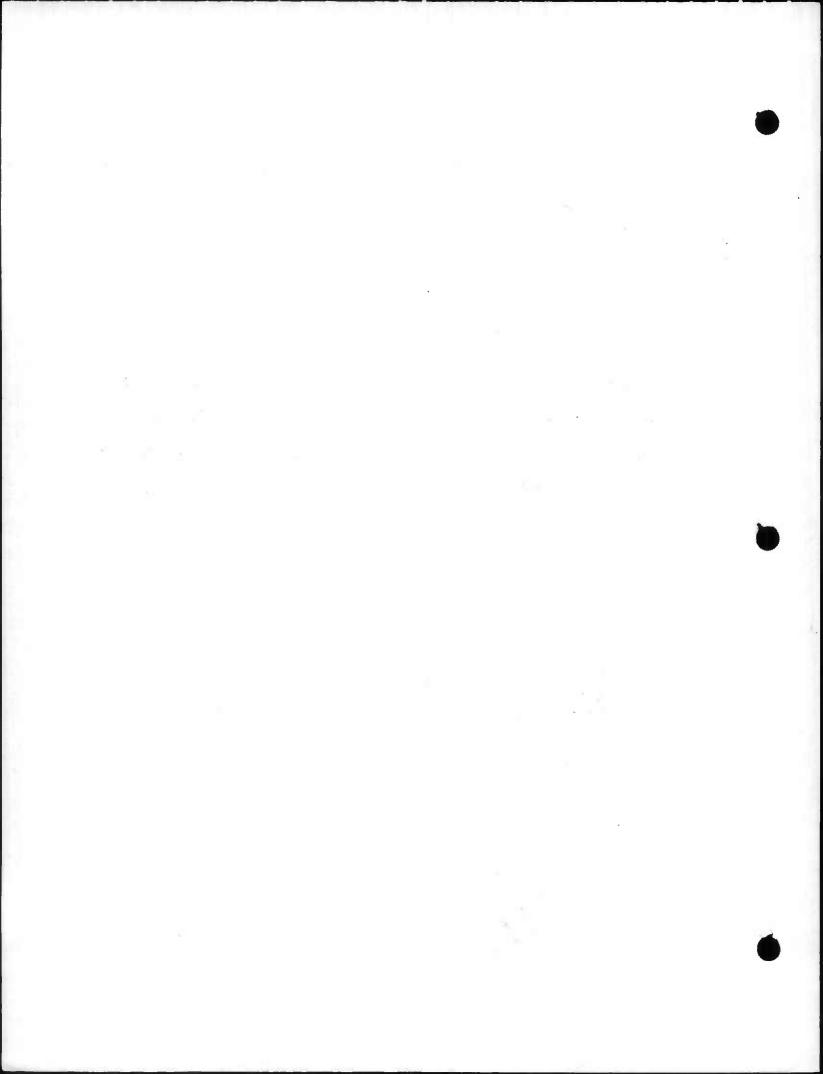
2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

12/22/63 29c. LICENSE NUMBER

040480

Fernando Ferro M.D. 5810 Belair Rd.



D THE HOSPITAL OR ATTENING PHYSICIAN: The law requires that the death certificate be executed within Extrours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.	id, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene p	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN ICAT	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN REG. NO.	_	3	37363
	1. DECEDENT'S NAME (First, Middle, Last) HARVEY	WINFO	RD		NO	YES			2. DATE MONT 12	of DEATH DA		YEAR 93	3. TIME OF DEATN 2:35 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 ☑ M 2 ☐ F	i. AGE (In yrs. le:	sl birthday) YRS.	#F UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTN		8. BIRTNI Country	PLACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give street and number) RT#32 COLLEGE AVE. & SANDOSKY RD. SYKESVILLE  96. COUNTY OF CEATH CARROLL									EATN			
DIRECTOR	108. STATE 10b. COUNTY			1000		OR LOCAT	LOCATION Finksburg					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	10s. STREET AND NUMBER					101	. ZIP CODE						THAT COUNTRY?
BY FUNERAL				ecity Cubar	F NISPAN	n, Puerto	N? (Specify Yes		J.S.A 14. RACE Bleck Specifi	— American Indian, , White, stc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(0	ECEDENT'S Give kind of to b. Do NOT us	work done se retired.)	during mo	ON st of working	9	161	b. KIND OF BUS			34
NO.	17. FATNER'S NAME (First, Middle, Last)			1	arm	er	18. MOTN	IER'S NA	ME (First,	Middle, Malden		icult	ure
BEC	John Harvey W	Vinford No								rkley			
5	19e. INFORMANT'S NAME (Type/Print) Mrs. Sara M. Noye	es								nber, City or Town Ksburg			8
	20a METNOD OF DISPOSITION 1 \( \text{M}\) Burlel 2 \( \text{Cremation 3} \) Remote Remote Donation 6 \( \text{Other}\) Other (Specify)		20b. PLACE Lake	WIEW	of dispos	sition(Na	me of l Par	k De	DA1	1993 1993	cation — Syke	City or Tox	wn, Stata E, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Laug	4		22.	HAI		NERAI	LHOM	E (P.C			5) 95–1400
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mul	tible	B	luv	r the mo	da of dyli	ng, suci	h aa car	diac or respi	ratory an	reat,	Approximata Interval Between Onset and Death
RTIFICATION	Sequentisity liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSE										
PHYSICIAN: MEDICAL CE							AMILABLE PRIOR TO COMPLETION OF CAUSE						
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATN (Ch	eck only o	ne)			/~
IYSI	1 TYES 2 NO 27. MANNER OF DEATN	HOSPITAL:				raing Nom		sidence		er (Specify) R(			
BY PI	1 Natural 5 Pending 2 Accident Investigation	1 2 / 2 1 /	1993		5Pm	1 🗆 1	PIK?	No	DRI	JER OF	TR	<b>GEK</b> E	YARAKT
ETED	3 Suicida 6 Could not be 4 Nomicide detarmined	26a. PLACE OF building, at	L (Specify)	ROA					281. LOC RT#	Z COL	LLEG	or Aurel A	SANDOSKY
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC One)	CIAN: To the best of m											and manner so stated
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUN	ABER	_ arra press, dri	29d. DAT	E SIGNED	(Month, Day, Year)
9	30, NAME AND ADDRESS OF PERSON WAS	King .	U.D.		0		O.C	.M.	E		▶ 1.	2/22	2/1993

Penn Street, Baltimore, Maryland

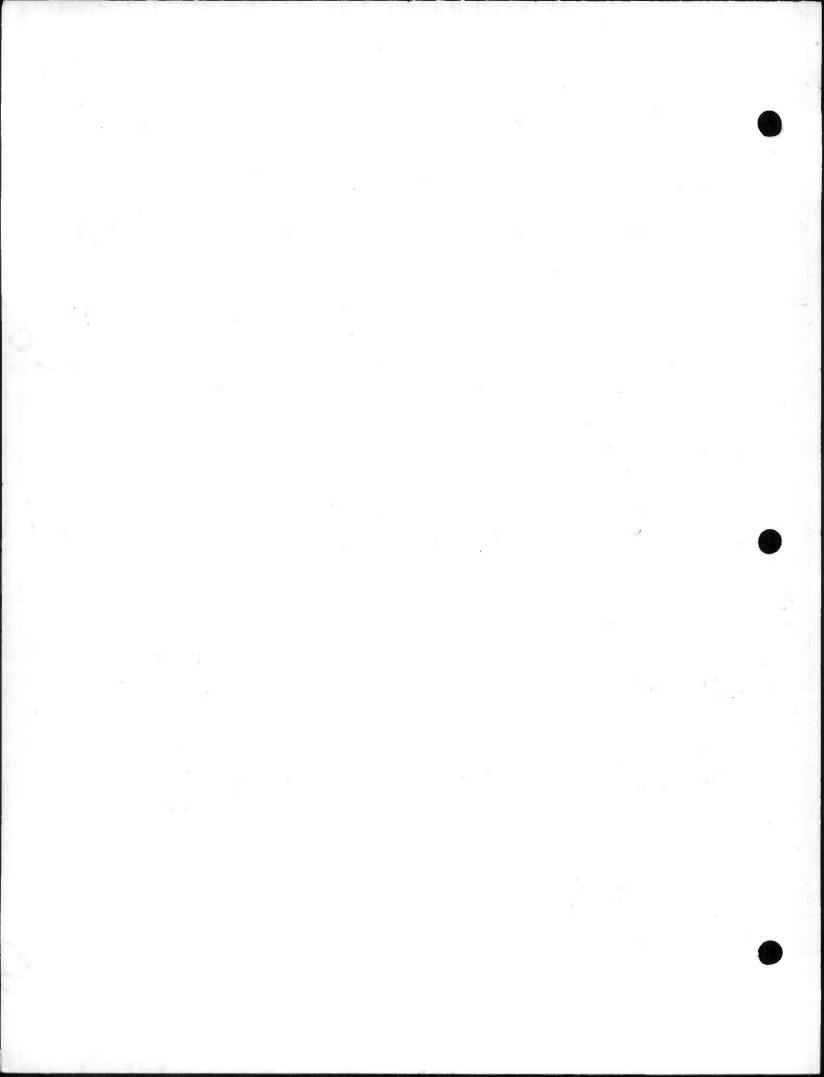
TES CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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M. KING

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THE HOSENIAL OR ATTENDIATE PRISICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be marked for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
	C	ERTIFICATE	O	F DEAT	TH		REG NO	

	1 - FOR STATE OF MA	RYLAND / DEPARTMENT OF CERTIFICATE OF		AL HYGIENE REG. NO.	93 37364
	1. DECEDENT'S NAME (First, Middle, Lest) HATPIE OHVER		MON	E OF DEATH THE DAY	YEAR 931 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 212-74-1693 1 1 M 2 X F	76 YRS. FUNDER 1 YEAR MONTHS DAYS	HOURS MIN. 7, DATE	OF BIRTH th, Day, Year) UST 18 1897	8. BIRTHPLACE (State or Foreign Country)
TOR	Singi Hospital	9b. CITY, TOWN	TIMORE	9c. COUN	TY OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Do L. M	ATION CO		10d. INSIDE CITY LIMITS? 1 PYES 2 NO
ERAL	5644 Belle A	10	01. ZIP CODE 2/207	10g. CITIZ	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. ARMED  13. WAS DE 11 YES 2 TINO 1 OR DATES  1 YES 2 TINO 1 TI YES	CENDENT OF HISPANIC ORIGINATION CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF C		14. RACE — American Indian, Bleck, Whita, atc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)	16s. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)		b. KIND OF BUSINESS/IND	USTRY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Housewife	16. MOTHER'S NAME (First,	Middle, Maiden Surname)	
TO BE	Thomas Fow Kes	19b. MAILING ADDRESS (Street	and Number or Rural Route Num	COWINS	Code)
	20a, METHOD OF DISPOSITION 1 % Burlai 2 Cremation 3 Removal from State	20b, PLACE AND OTE OF DISPOSITION (I	Vame of DA	TE 20c. LOCATION - C	2 /207 City/or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	VIT. Calvary	AND ADDRESS OF FACILITY	eral Ser	vice Ma
	23. PART I. Enter the disesses, or complications that c shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disesse or condition	on esch lins.	٥.	rdisc or reapiratory arre	Approximate Interval Between Onset and Daath
	resulting in death) a. ASP	R AS A CONSEQUENCE OF):	ia		2 weeks
ATION	csuse. Enter UNDERLYING	RAS A CONSEQUENCE OF:	Concinom	1	2 months
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PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to de	eath but not resulting in the underlyi	ng cause given in Part i.	244. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26.   OTHER:	PLACE OF DEATH (Check only o	one)	
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ВУ Р	1 Netural 6 Pending (Month, Day,	Year) INJURY W	YES 2 NO		
TED	3 Suicide 8 Could not be 4 Homicide determined	NJURY — At home, farm, street, factory, off c. (Specify)	Ch)	CATION (Street and Number y or Town, State)	or Hural Houte Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my one)  2 MEDICAL EXAMINER: On the best of exam	y knowledge, death occurred at the time, de nination and/or investigation, in my opinion,			
BE C	290. SIGNATURE AND TITLE OF CERTIFIES		29s. LICENSE NUMBER	294. DATE	SHONED (Month, Day, Wast)
é	11 HAMP AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)		1-0	ECEMBER 201993
	LINNER BOYEV, MA PHI 31. DATE FILED (MORTH), Day, Year) 32. RECUSTRAGES		SPITAL		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37365

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1. DECEDENT'S NAME (First, Middle, Las	· ·	10.2	DOMET I	17-5	2. DATE MONTH	OF DEATH	AY Y	3. TIME	OF DEATH
MICHAEL	BERNARD		POWELI		12	1	7 93	5:1	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	1/4	BIRTHPLACE (SI	tate or Foreign
9a. FACILITY NAME (If not institution, giv		) () Ins.	Sh CITY TOWN	OR LOCATION OF D	EATH.	26.	9c, COUNTY	SP//U	The
5 1701 NORTH EUTA		908		ORE CITY	-AIII		3C. COOK!!	OF DEATH	
10e. STATE 10b. COU	VTY	10c. CI	TX TOWN OR LOCA	TION	)			tod. INS	DE CITY
100. STREET AND NUMBER	/	16	24//	M. ZIP CODE			Tan- OFFITE	OF WHAT COU	S 2 NO
B 1701 N F-11	tow Mare	Apt 9	708	2121	7		U	15, M	2
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	an, Puerto 1		s or No —   14	. RACE — Ameri Bleck, White, a Specify:	can Indian, tc.
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Elementary(Becondary (0-12)	College (1-4 or 5 +)	Windo NOT	wes Wi	75her					
17. FATHER'S MAME (First, Middle, Last)	Barlo			18. MOTHER'S NA	AME (First, I	Middle, Malden	Sumam)	-11	
19a. INFORMANT'S NAME (Type/Yrint)	BAILEY	19b, MAILIN	IG ADDRESS (Street	and Number or Rurel	Route Numl	per City or You	OWC	(//	
Mrs. SAllie	Yeeples .	808	N. Br	ice Si	16	Alt	o. me	1,21	267
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re	emoval from State	Ob. PLACE AND DATE	other place)	and fork	127	20a. LO	CATION - CITY	or Town, State	ma
4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	HODIII	22/NAME A	ND ADDRESS OF F	WILITY _	FIL	110110	1400	nes
Joseph	L. Pun	11	1050	ククレン	1/2	the	Lin 1	30/14	m/31-
disease or condition resulting in desth)  Note: The conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	ь	A CONSEQUENCE	· ·	COCAINE I	INTOXI	CATION			
Sequentisity list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE	OF):						
	ions contributing to desth	but not resulting	In the undariyin	na cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WERE AU	TOPSY FINDING
MEDICA						PERFO	RMED?	AWAILABL COMPLET OF DEATH	E PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH			26. P	LACE OF DEATH (C)	heck only on	10)			
1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	rtpetlent 3 DOA	OTHER: 4 - Nursing Hor	ne 5 Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) FOUND: 12/1	four	MININ D M	JURY AT ORK? YES 2 NO		NOWN	INJURY OCCUP	RED	
3 Suicide 6 Could not i		pecify)	, street, factory, offi	CO	261. LOC City	or Town, State	1701 N.	Rural Route Number EUTAW P	LACE #9
(Check only 1 CERTIFYINO PH	YSICIAN: To the best of my kno								ner as stated.
BILL SIGNATURE AND TITLE OF CERTIF	TIER SO RO	WD.		O.C.M.E	MBER			18/199:	
30. MAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	) 111 Pen	oe. Print) in Street	, Baltim	ore,	Maryl		1201	
31. DATE FILED (Month, Day, Year)	32. REGISTWANDS CHO	CHATURE							
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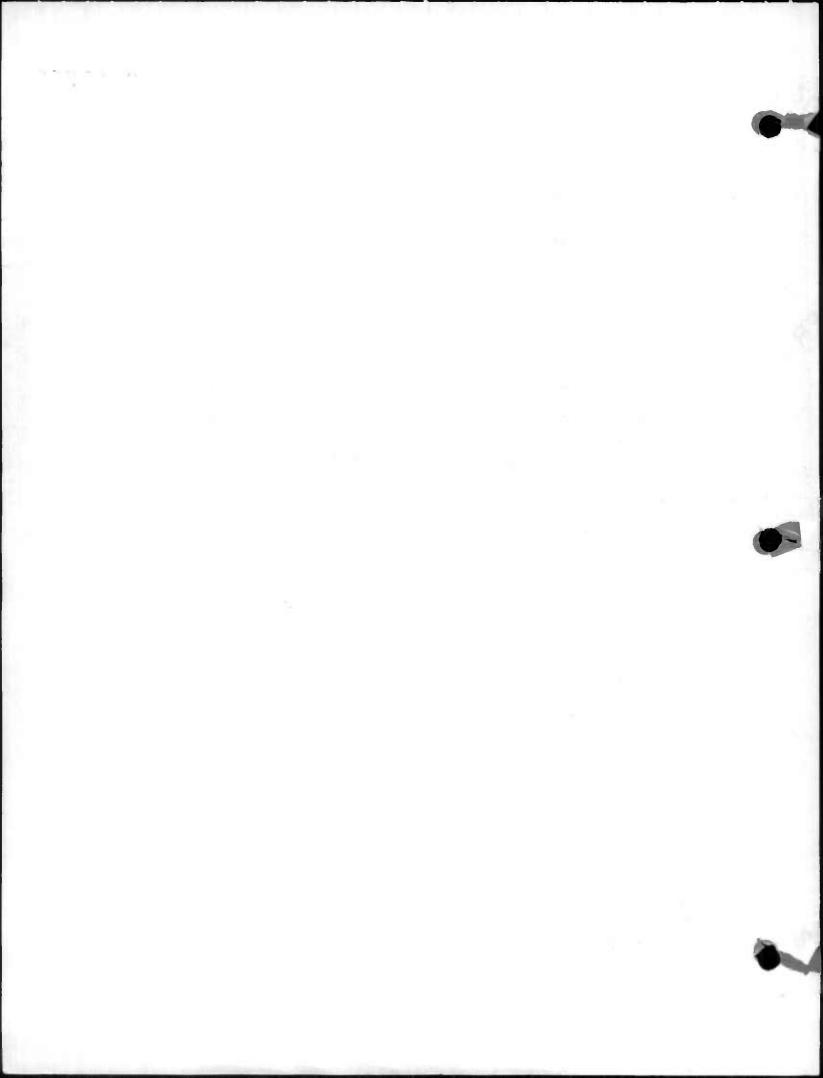
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CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR BERNICE PRYOR 12 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 1 M 2 X F 84 212-80-0821M 12-24-08 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH N/A DIRECTOR LONGGREEN NURSING CENTER BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP CODE 21202 U.S.A. 944 ASHLAND COURT use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 🕅 Widowed 4 🗌 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high ò Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached UNKNOWN HOUSEWIFE N/A 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ WALTER GANT BLANCHE BOULDIN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CELESTINE POWELL 4119 KATHLAND AVE./BALTIMORE, MARYLAND 21207 2 9 20a. METHOD OF DISPOSITION mours after death. Page 6 may filled in by the funeral director, par on, or removal. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must Burial 2 Cremation 3 Removal from State
Donation 5 Other (Specify) MT AUBURN CEMETERY BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Lief only one cause on each line. Approximate IMMEDIATE CAUSE (Finel **Onset and Death** DIRECTOR: After this certificate has been signed by the attending physician and completely filled hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremisation, item 28 is marked, or item 23 shows any injury, or other traumatic event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Va CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPEN PERFORMED? 34b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE requires that mon 1 YES 2 70 OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 TES 2 THE OR ATTENDING PHYSICIAN: inpatient 2 - ER/Outpatient 3 - DOA 4-4 5 Rasidence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — building, etc. (Specify) At home, term, street, factory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL ( within 72 h 2 MEDICAL EXAMINER: On the basis of examin TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 th occurad at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Your) TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOLABIRD AVE SIR Kis 1222 39. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) **DEC 231993** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTMAN'S SIGNATURE

BOULTON

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31. DATE FILED (Month, Day, Year)

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DIRECTOR: J

FUNERAL within 72 h Ξ

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TO THE FUNERA
Be filed within 72
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	пее	. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3

37367 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH NICHOLAS F. PERFETTO DEC. 10:15 1993 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Morth, Day, Year)
Apr. 16, 1921 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS New York 1 X M 2 F 72 059-14-5830 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH CTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT DIRE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pennsylvania York Fawn Grove 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? RD 1, P.O. Box 2770 17321 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WW II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Plastics Foreman Electrical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Vincent Perfetto Leonarda Maggio 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Bessie Perfetto RD 1 P.O. Box 2770, Fawn Grove, PA 17321 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify)

21. SIGNATURE OF PUBLISH, SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Calverton National Cem. 12/21 Calverton, NY 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Baltimore, MD 21214 23. SART L'Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haar failure. List only one cause Droach line. Approximata IMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Hepsis day (OR AS A CONSEQUENCE OF) Entero coleti CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CON if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Vasculitas 1 YES 2 | NO OF DEATH? AODM (TO be 1 TYES 2 NO PHYSICIAN: done 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 ACHORNO MINING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 MID

D3465

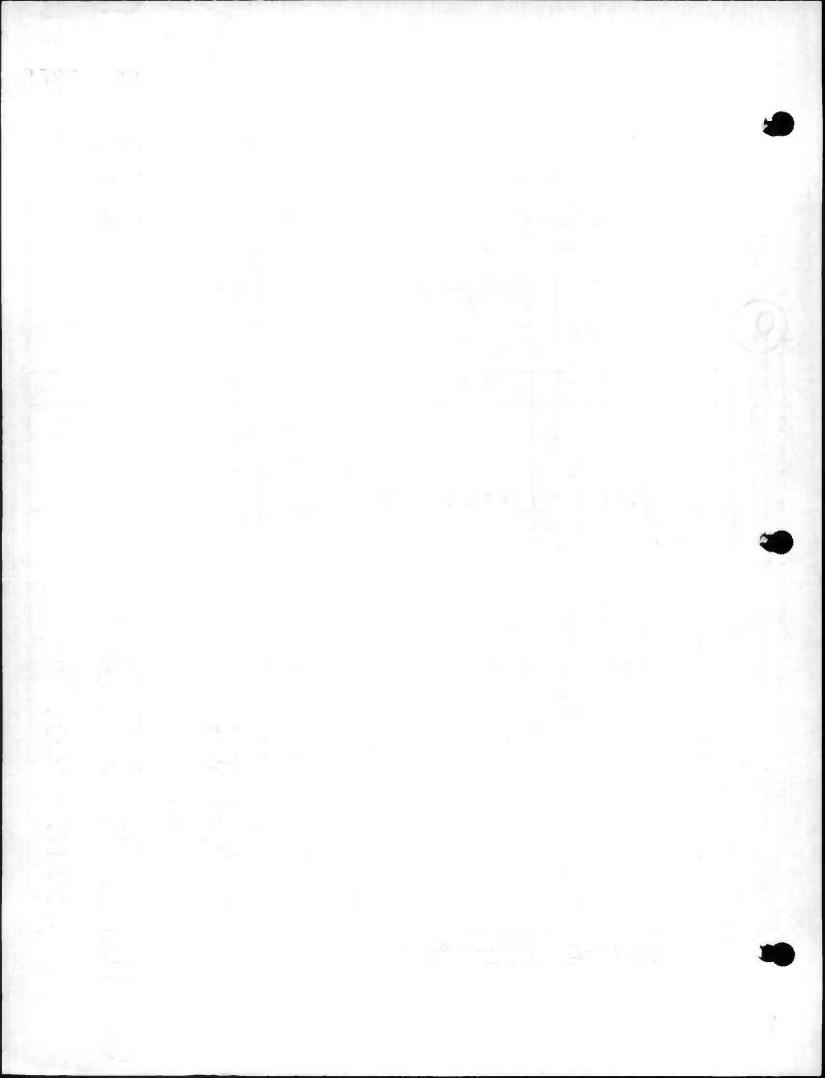
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DIVISION OF VITAL RECORDS, F.C. BOX 60160, BALLIMONE, MANTLAND Z X 13-0020	BALLIMONE, MANTLAND ZIZIS-DIZO	
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wire after death. Page 6 may be retained by the hospital or appricing on biciden.	Jirs after death. Page 6 may be retained by the hospital or artificing prisician.	4
D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filli	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us as the busist permit. Pages 1, 2, 3 should	
e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.	
MPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	
		l

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEAT	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN			
	JOHN	PAGSDALE		12 - Z	- 1993	1:00 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 M 2 F	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR   IF UNDER 2		0, 91	RTHPLACE (State or Foreign			
HOL	Sa. FACILITY NAME (If not institution, give street end number)		b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY O	F DEATN			
	RESIDENCE OF DECEDENT		BALTIMOR	2	100				
חטוספחוט	100. STATE 100. COUNTY		10c. CITY, TOWN OR LOCATION 10d  BALTO X						
	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN C	14 YES 2 □ NO DE WHAT COUNTRY?			
	4615 DEBILEN CIRCLE	APT C	2120	8	U	.S.A.			
DI FUNEHAL	1 Name Married 2 Married FORCES?	ENT EVER IN U.S. ARMED  1 YES 2 NO WAR OR DATES	U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE— 17. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE— 18. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Black, W. Bla						
	15, DECEDENT'S EDUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF	BUSINESS/INDUSTR				
COMPLEIED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Online  Online  College (1-4 or the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the secondary of the sec	Ma Do MOT uma							
5	17. FATHER'S NAME (First, Middle, Last)		16. MOTH	R'S NAME (First, Middle, Maid	len Surname)				
2 2	HENRY RAGSDALE		CEC	CILIA ANN	WALLACE				
	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number of	r Rural Route Number, City or	fown, State, Zip Code	)			
	GLORIA RAGSDALE		EBILEN CI			MD 21208			
	20a. METHOD OF DISPOSITION   XXBuriel 2	20b. PLACE AND DATE Of Cemetary, crematory of KING MEM		RK 122793	LOCATION — City of Randall				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	)han on . T	22. NAME AND ADDRESS	F/H-WEST 4	300 WAB	ASH AVE			
	23. PART /. Enter the diseases, or complications the	A MADON 3	4			Approximate			
		ardio - by Im TO (OR AS A CONSEQUENCE OF):	1.0	rest		interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):		vas aula-	d180	(ase			
	PART ii. Other aignificent conditions contributing	to deeth but not resulting in	the underlying cause of	ven in Part i. 24s. WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS			
25	thy pertension	•		PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MED	Cerebro vasculas	diseases		1   1   1   1   1   1   1   1	2 🗆 NO	OF DEATH?			
	Chronic renal failure								
1	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one)					
2	I HOUT HAL.		OTHER: I Nursing Home 6 Rea	Idence 6 - Other (Specify)		- 0			
PHYSICIAN	1 Natural 6 Pending	OF INJURY 28b. TIME INJU	OF 28c. INJURY AT WORK?  M 1 YES 2		W INJURY OCCURE	D			
ED BY	3 Suicide 28e. PLACE	OF INJURY — At home, farm, str ng, etc. (Specify)	vet, factory, office	281. LOCATION (Str. City or Town, St	eet and Number or Ro ete)	ıral Route Number,			
COMPLEI	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best	of my knowledge, death occurred	at the time, date end place,	and due to the cause(a) and	manner as stated.				
5	one) 2 MEDICAL EXAMINER: On the basis of	examination end/or investigation	in my opinion, death occurr	d at the time, date and place	, and due to the cau	use(e) and manner as stated.			
BEC	296, SIGNATURE AND TITLE OF CERTIFIER			SE NUMBER	29d. DATE SIG	NED (Month, Day, Yber)			
	Consuelo Alvarez	mo		44907	12	121/83			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	AUSE OF DEATH (ITEM 27) (Type, I	Print)						
	31. DATE FILED (Month, Day, Year) 32 REGIST	RAR'S SIGNATURE							
		Tenden Rendelle							
	DEC NO 1000	Andrew Commencer				DHMH-16 Rev 1/81			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician.	ar death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	i examiner must be notified at once.
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	st)				2. DATE OF MONTH	DEATH DAY	YE	3. TIME OF DEATN		
		RET PHELES	ROGERS		12 -			3 1:00 F		
4. SOCIAL SECURITY NUMBER 220-50-0252	1 M 2 KF	GE (In yrs. lest birthday)  9  YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		12/19	44	BIRTHPLACE (State or Foreign Country) MARYLAND		
99. FACILITY NAME (If not institution, give street end number)  GREATER BALTIMORE MEDICAL CENTER  RESIDENCE OF DECEDENT  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH										
MARYLAND  100. STREET AND NUMBER	10c. CITY, TOW MARYLAND					TIMORE 10d. I				
605 E 34TH ST			101. ZIP CODE 22.21.8			line.	USA			
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U.S  FORCES? 1 YES 2  IF YES GIVE WAR OR DATES			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Maxican, Puarto Rican, etc.)     VES 2 NO Specify:			5/15	Black, White, etc. Specify:		
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)		USUAL OCCUPATION ork done during more retired.)	ON st of working			IESS/INOUST	MHTTE.		
17. FATNER'S NAME (First, Middle, Last)				REAL ES						
FRANK PHE	19h MAH ING	ADDRESS (Street	PEGO	GY		STEWA				
MARTHA W.P.ROGER	E. 34TH					~/.				
20e. METHOD OP:DISPOSITION  1										
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	eur	SOL L	ND ADDRESS OF FI EVINSON REISTERT	& BROS	., IN	c.			
23. PART I. Enter the diseases, ahook, or heart failur iMMEDIATE CAUSE (Final disease or condition	re. List only one cause of	n aech line.	ot enter the mo	de of dying, suc	ch as cardiac	or respire	tory arrest,	Approximate		
resulting in death)					15			interval Betwee		
	b. S/7 A DUE TO (OR )	AS A CONSEQUENCE OF	WEZ	CANCE	7					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit	b. S/7 A  DUE TO (OR.  C. DUE TO (OR.  d	AS A CONSEQUENCE OF	W EZ 7:			s. WAS AN AL PERFORMI		Onset and Dec		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. S/7 A  DUE TO (OR.  C. DUE TO (OR.  d	AS A CONSEQUENCE OF	W EZ 7:		Part i. 24		ED?	Onset and Dec		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  PART II. Other significant condit  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident   Investigation   Pending Investigation   3 Suicide 8 Could not determined  29e. CERTIFIER Check only	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  The but not reaulting I  TO S  Outpatient 3 DOA  TRY 28b. TIMM  BY 28b. TIMM  BY 1000  URRY — At home, ferm, a  Specify)	in the underlying  26. Pt  OTHER: 4   Nursing Hom  E OF   26c. INA, WC  I   V  worth with the street, factory, office at the time, date	g cause given in	heck only one)  B Other (S)  28d, DESCR  28f, LOCATIC City or 1	PERFORMI VES 2 Secity) BE NOW INJ ON (Street and own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

LENA

2

31. DATE FILED (Month, Day, Year)

23

2. DATE OF DEATH MONTH DEC 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 220-40-7835 1 | M 2 | XF DAYS FEB 6, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH RANDALLSTOWN DIRECTOR NORTHWEST HOSPITAL CENTER Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE funeral director, page 5 should be detached for use as the burial-transit 13 COBBLESTONE COURT 21215 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married ВҰ 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION

in the state of the completed) 18a. DECEDENT'S USUAL OCCUPATION COMPLETED (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE 9 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) AARON KERSHMAN ETHEL to Page 6 may be retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SOUTH ROLLING RD., BALTO., MD MR. HAROLD A. ROSE eq 20a_METHOD OF DISPOSITION
FLABurial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 ☐ Donation 5 ☐ Other (Specify) LUBAWITZ NUSACH ARI 12/22/1993 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. n and completely filled in by the to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or haart fellura. List only one cause on each line. IMMEDIATE CAUSE (Final he MYOCARDIAL disease or condition resulting in death) requires that the death certificate be executed within DUE TO OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in death) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL t, of PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL: OTHER 1 | YES 2 | 10 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT this ( marked, 1 Natural 1 YES 2 NO BY After 2 Accident investigation 3 Suicide 28s. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) .00 DIRECTOR: / COMPLETED 28 29a. CERTIFIER 1 D CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL ( HOSPITAL d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated IMPORTANT: 296. SIGNATURE AND TITLE OF CARTIFIE be filed v BE

CAUSE OF DEATH (TEM 27) (Type, Print)

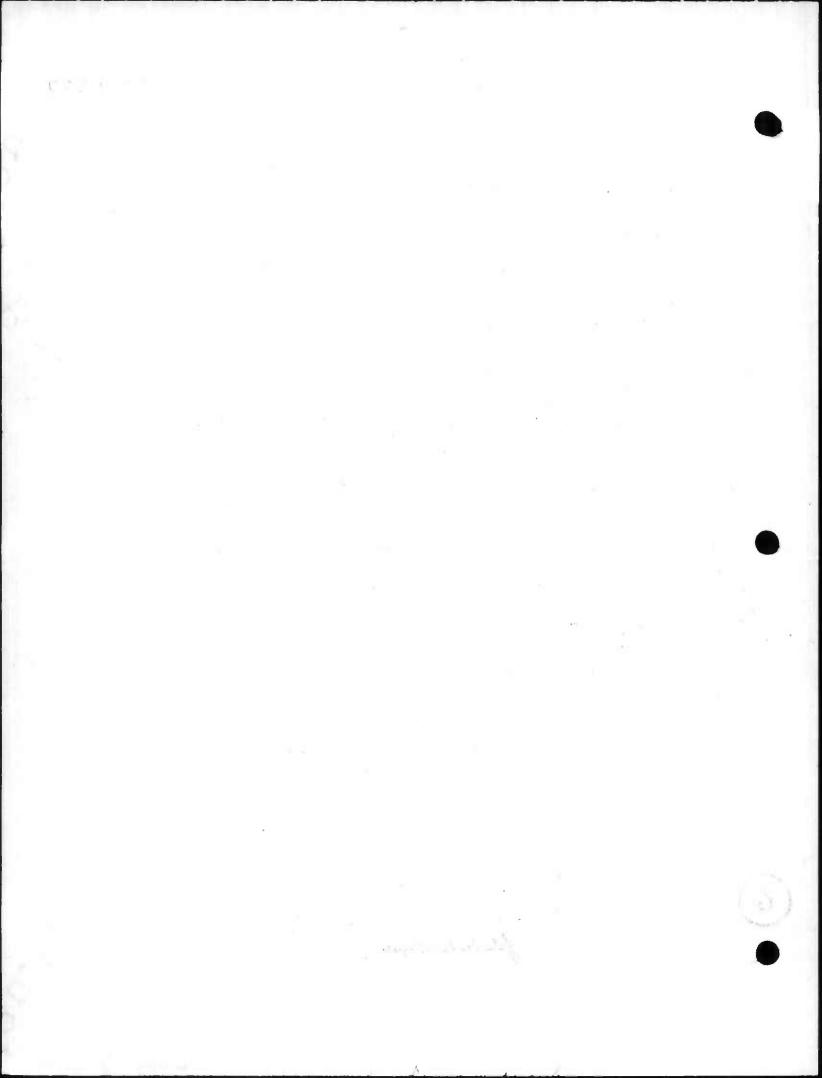
CERTIFICATE OF DEATH

ROSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1993 6:30 A 8. BIRTNPLACE (State or Foreign RUSSIA 1903 9c. COUNTY OF GEATH 10d. INSIDE CITY LIMITS? 1 TES XX NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE 16b. KIND OF BUSINESS/INDUSTRY AT HOME FLEISCHER 20c. LOCATION - City or Town, State ROSEDALE, MD 21215 BALTO., MD Approximate Interval Retween Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TNO 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DNMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



Pages 1, 2, 3 permit. hours after death. Page 6 may be retained by the hospital or attending of in by the funeral director, page 5 should be detached for use as the or removal. once. To notified 9 must examiner medical and completely filled in by to burial, cremation, or remo the event. traumatic 2 requires that the death certificate be as sen signed by the attending physician of of Health and Mental Hygiene prior to other 0 any shows has been Dept. of I HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. 6 with t marked, Item FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEM: 27. PER MEO FILM G-708 2/4/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1.2 1993 WAYNE ROUZER 20 9:34 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 212-90- 3995 18 11-10-15 MARYLAND 1 XXM 2 - F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 1809 N. DALLAS ST. n/a RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VIMITS?
1 YES 2 NO MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? UNITED STATES 131 N. AISQUITH STREET 21202 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 VNO 1 Never Married 2 Merried BY 1 TYES 2 NO Specify: Specify: BLACK 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra-Elementary/Secondary (0-12) College (1-4 or 5+) COMPL n/a n/a 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) WAYNE HILL ANNA ROUZER BE 19e. INFORMANT'S NAME (Type/Print) NAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

131 N. AISQUITH STREET, BALTIMORE, MARYLAND 2 MARIA SCOTT apt. 2B 20e. METHOD OF DISPOSITION
1V Burlel 2 Cremation 3 Removal from State
4 Donetien 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State BALTIMORE, MARYLAND COMPOSHEROLO MEMORIFAL GARDEN 21. SIGNALUME OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVENUE llnear 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List pnly one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition_ Shotqun
DUE TO (OR AS A CONSEQUENCE OF): Wound of Face resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 XYES 2 NO OF DEATH? 1 KYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 XVES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) SCENE 260. DATE OF INJURY (Month, Day, Year) 12-20-1993 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 9:30Pm 1 Netural
2 Accident SUBJECT WAS SHOT 1 YES 2XXNO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number 3 Sulcide 6 - Could not be COMPLETED 1869 N. DALLAS ST. /BALTO, MD 4 Homicide determined STREET 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

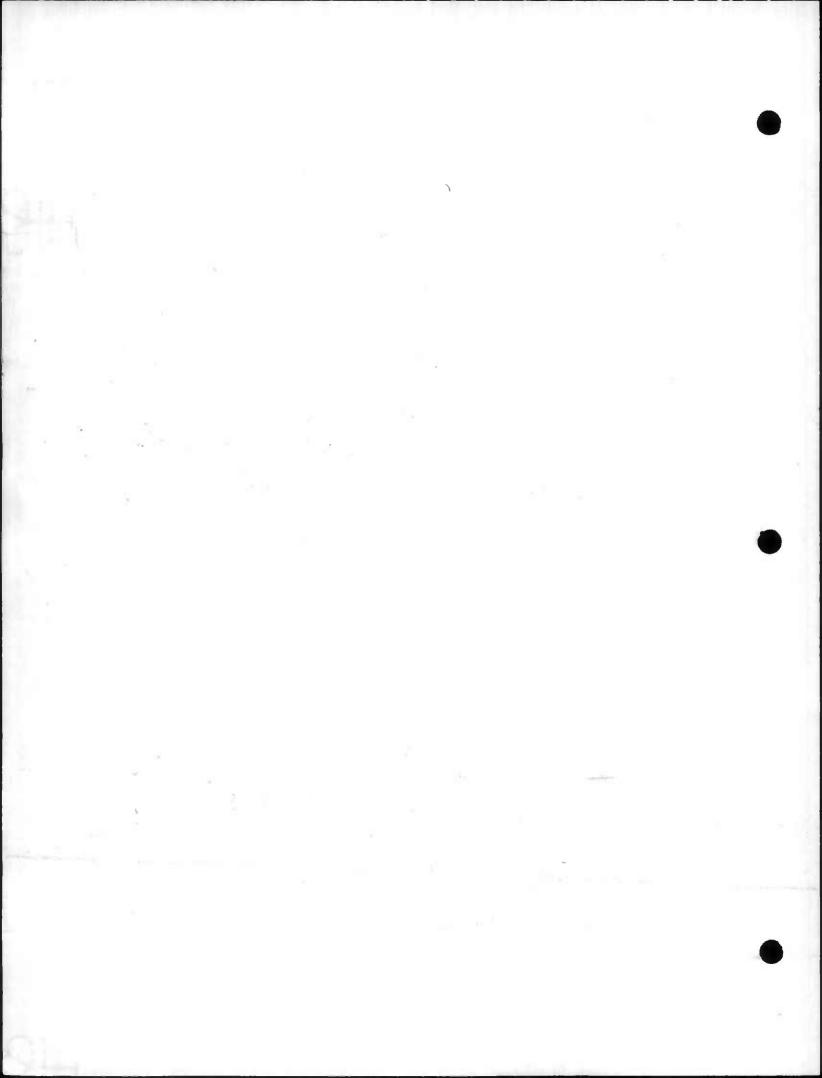
▶12-21-1993 huto O.C.M.E MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

31. DEC 231993

A 32, REGISTRAN'S SIGNATURE

DHMH-t6 Rev 1/89

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LAND 21215-0020	the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYI	- nours after death. Page 6 may be retained by	filled in by the funeral director, page 5 should be	M. or removal.
OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	HYSICAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.	en signed by the attending physician and completely	with the State Dent of Health and Mental Hydiene prior to burial cremation, or removal
DIVISION OF VITAL R	HEAPTAL OR ATTENDING PHYSICIAN: The law in	2	within 72 hours after death with the State Dent
1	日日	TO THE	he filed

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

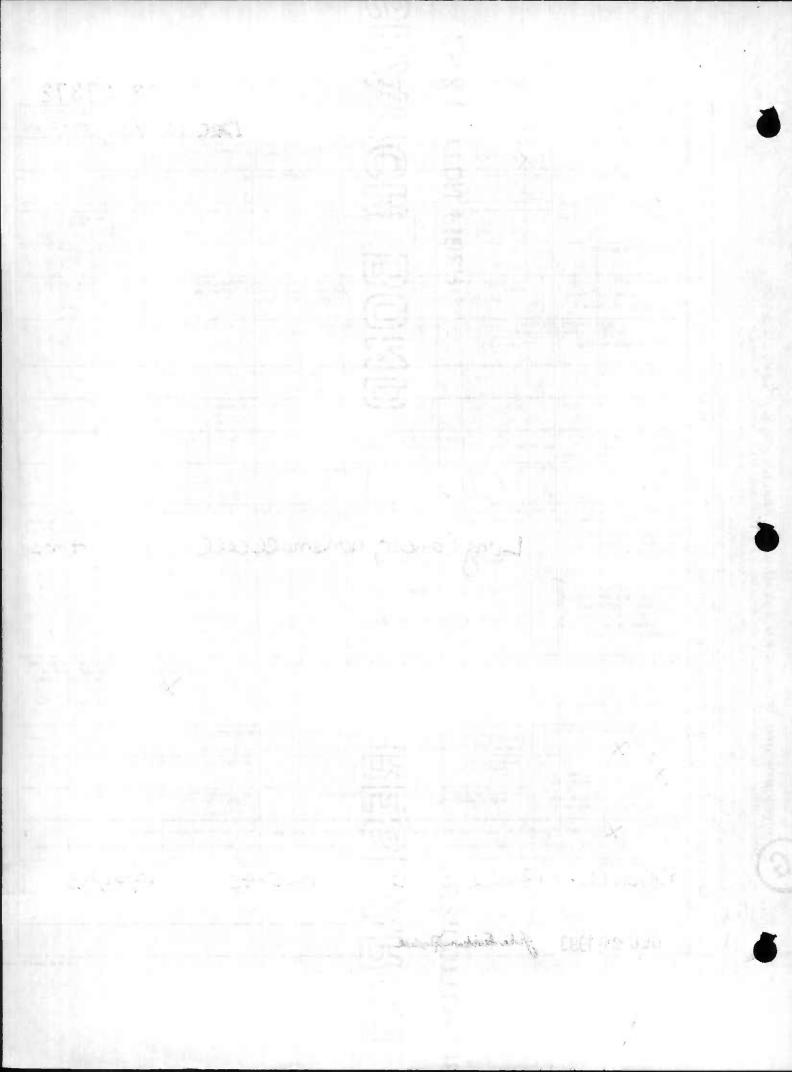
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		John E. Roemer, Sr.										
- 0	4. SOCIAL SECURITY NUMBER 217–16–7965	6. SEX	6. AGE (In yrs. In 72.	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)	0.	Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution, give	12	THS.				11/7	//21			MD	
	Stella Maris Hos		Dulaney Valley  9c. county of Di Balt						Balti			
Stella Maris Hospice RESIDENCE OF DECEDENT  100. STATE  MD  10b. COUNTY  Baltimore				10c. CIT	ROSE	edal						d. INSIDE CITY LIMITS?  YES 2 1 NO
				12		101.	2123	37	109. CITIZEN OF WHAT COUNTRY?  USA		71	
10. STREET AND NUMBER 1248 Primrose Ave.  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 17 YES IF YES, GIVE WAR OR DAT				IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIG					HGIN? (Specify Yes or No— 14. RACE — America irto Rican, etc.)		American Indian, hita, etc.	
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(1	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (0-12) College (1-4 or 5+) 8 2 17. FATNER'S NAME (First, Middle, Last) TOWN To Roomer				Draftsman Martin Marie						ietta		
17. FATMER'S NAME (First, Middle, Last) John T. Roemer				1			Mary H	lowe				
19a. INFORMANT'S NAME (Type/Print) Mary Roemer				96. MAILING 124	8 PI	imro	nd Number or Rural SE AVE.	Route Number, Baltir	City or Town.	State, Zip Co	21237	
				ACE AND DATE OF DISPOSITION (Name of pry, crematory or other place)					20c. LOC	ATION - CH	y or Town,	Stata
	4 Donation 5 Other (Specify)		on ce	mete		12/24		Balt	timore	e, MD		
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE	11/		22. (	Yac Yac	n/Roseda Chesaco	ile Fur	neral	Home		
	23. PART I. Enter the diseases, or ahock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Liet only one ce	use on each lin	10.	not enter	the mo		ch ee cerdie	or reepin		и,	Onset and Dea
HILLIANION	ahock, or heert felium iMMEDIATE CAUSE (Fine) disease or condition	a. Lut only one ce  DUE TO  DUE TO	use on each lin	EQUENCE O	not enter	the mo	de of dying, suc	ch ee cerdie	or reepin		и,	Onset and Dea
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

3. TIME OF DEATN



	1 - STATE REGISTRAR	STATE OF N	MARYLANI	D / DEPAI CERTIF	TMEN	T OF H	EALTH A	ND MENT	AL HYGIEN	-	3	37373	
	1. DECEDENT'S NAME (First, Middle, Last)				TOAT	_ 01	DEATH	7	TE OF DEATH			3. TIME OF DEATH	
- 8	Edward H. Reiche							Moi	NTH DA		YEAR	J. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 F		2 19 E OF BIRTH	93		*LACE (State or Foreign	
	220-34-6586	XX M 2 D F	94	YRS.	MONTHS	DAYS		III. (Mo	onth, Day, Year)		Country	)	
	9a. FACILITY NAME (If not institution, give				9h CIT	V TOWN O	R LOCATION (		ne 30,1	9c. COUNT		ryland	
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H	10e. STATE 10b. COUNTY 10c. CITY, TOWN					OR LOCATI	ON					10d. INSIDE CITY	
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5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DECE	NDENT OF H	ISPANIC ORIG	IN? (Specify Yee	or No- 1	4. RACE	- American Indian,	
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BE	19e. INFORMANT'S NAME (Type/Print)												
5									mber, City or Town				
	Lawrence B. Dale	У						е ват	timore,				
	1 X Burlel 2 Cremetion 3 Rem	ioval from State	cemetery,	CE ANO DATE	ther place)			1		CATION — CI	y or Tow	n, State	
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	30. NAME AND ADDRESS OF PERSON WHO												
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		IO. MOTHER		our comane;	
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20	Db. PLACE AND DATE OF D	ISPOSITION (Name of			
ocily)	ARLINGTON	CHIZUK AMUN	0) 12-19-93	BALTIM	ORE, MD
HYPCH LICENSEE		22. NAME AND ADDRESS	OF FACILITY		
enusan					MD 21215
DUE TO (OR AS	A CONSEQUENCE OF):	1 CAP			
conditions contributing to death	but not resulting in t	he underlying ceuse give		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIT AMAILABLE PRIOR 1
JSON'S, DEM	JEN I IA		1 D YE	S 2 0 NO	OF DEATH?
EDICAL		26. PLACE OF DEAT		S 2 00 NO	OF DEATH?
, , ,			FH (Check only one)	S 2 20 NO	COMPLETION OF CO
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HOSPITAL:    HOSPITAL:   1   Inpetient 2   ER/Ou   28e. DATE OF INJURY (Month, Day, Year)  stigation	ritpatient 3 DOA 4	26. PLACE OF DEAT THER: Nursing Home 5 Resid F 28c. INJURY AT WORK? M 1 YES 2 N	FH (Check only one) lence 8 Other (Specify) 28d. DESCRIBE NO		OF DEATH?  1  YES 2 N
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Due TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Conditions contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributing to death but not resulting in the contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contrib	20b. 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Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  d. conditions contributing to death but not resulting in the underlying ceuse given the contributing to death but not resulting in the underlying ceuse given the contributing to death but not resulting in the underlying ceuse given the contributing to death but not resulting in the underlying ceuse given the contributing to death but not resulting in the underlying ceuse given the contributing to death but not resulting in the underlying ceuse given the contributions contributing to death but not resulting in the underlying ceuse given the contributions contributing to death but not resulting in the underlying ceuse given the contributions contributions contributing to death but not resulting in the underlying ceuse given the contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contributions contrib	20b. 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ARLINGTON (CHIZUK AMUNO) 12–19+93 BALTIM  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD; BALTO.,  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. Conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

J THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health a	IMPORTANT: If item 28 is marked, or item 23 shows any	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HY	GIENE 93	3	7375
	1. DECEDENT'S NAME (First, Middle, Last) ROSALYN			SIEGEL		2. DATE OF DEADLE 21	¹ 1993	YEAR 8	TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 219-18-3995	5. SEX X 800 (	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR	1913		CE (State or Foreign SYLVANIA
OR	90. FACILITY NAME (If not institution, give s 3002 W STRATHMORE	reet end number) AVE		BALTIMO	R LOCATION OF D	DEATH	9c. COUN	TY OF DEATH	Н
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	,		, TOWN OR LOCAT TIMORE	ION				I. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL (	100. STREET AND NUMBER 3002 W STRATHMORE	E AVE		101. ZIP CODE 21209			100 CITI	ZEN OF WHAT	
BY	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	II yes, sp		ANIC ORIGIN? (Specian, Puerto Rican, e		14. RACE — Black, WI	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT use TEACHER	ork done during mo e retired.)	DN st of working	EDUCA	OF BUSINESS/IND	USTRY	
BE CON	t7. FATHER'S NAME (First, Middle, Last) SAMUEL				18. MOTHER'S N. IDA				
70	190. INFORMANT'S NAME (Type/Print) MRS FEIGA OBERSTE			AODRESS (Street a		Route Number, City  E BALTO		Code) 1209	
	4 Donetion 5 Other (Specify)	F	PLACE AND DATE OF STATE EL 12,	/22/93	E	BALTIMOR		State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	tellman			ID ADDRESS OF F EVINSON REISTERT	& BROS.	INC. BALTO.	, MD	21215
SATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	aDUE TO (OR AS A	the death. Do n ach line.  LOS /Q/ CONSEQUENCE OF	i m			reapiratory arro	est,	Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	C							
PHYSICIAN: MEDICAL C	PART II. Other significent condition	a contributing to deeth b	ut not resulting in	n the underlying	ceuse given Ir	P	AS AN AUTOPSY ERFORMED? YES 2 NO	AMA COI OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DATO  1 Input lent 2 ER/Outpat lent 3 DOA A Muration Morre 5 DAtaldance 6 Debat (Creative)								
ву РНҮ	27. MANNER OF DEATH  26s. OATE OF INJURY (Month, Dey, Year)  26s. OATE OF INJURY INJURY  26s. INJURY WORK?  1 Pending  26s. OATE OF INJURY WORK?  1 YES 2 NO								
	2 Accident investigation 3 Suicide 6 Could not ba determined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, afc. (Specify)  26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
COMPLETED	29e. CERTIFIER (Check only one)  1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner ee stated.  2. MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
TO BE	29b. SIGNATURE AND TITURE OF CERTIFIER	( b Bur	ms		29c. LICENSE NU	1MBER 94/	29d. DATE	SIGNED (Mo	nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OE.	12	14/7	mu .	21208			
	DEC 23 1993	Julie Merilon	- Andrew						DHMH-16 Rev 1/89

TO THE HOSPITAL ON THE DOME PHYSICIAN: The law requires that the death certificate be executed within 2. Noting the retained by the hospital or attending physician.

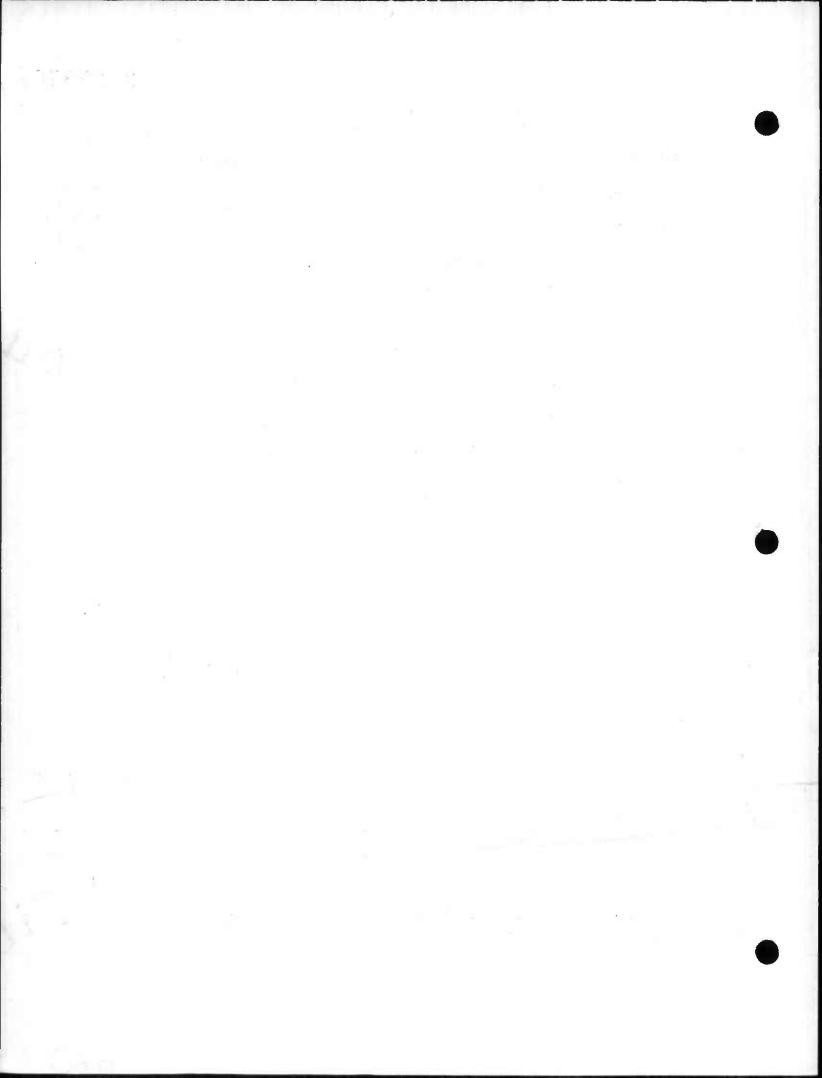
TO THE FUNERAL, SHELDOM THE SENTINGS HE SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after detail with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICAL	E OF	DEA	I H		REG. NO			
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	De	AY	YEAR	3. TIME OF DEATH
	GYSBERTA  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL S		KERSKEI		SCHW					Decem		21,19		M
	219-05-1838	ER	5. SEX	6. AGE (In yr.	s. lest birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.		Day, Year)	017		HPLACE (State or Foreign by) Dutch
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)	70		9b. CITY	, TOWN	OR LOCATI	ON OF D		26,1		INTY OF I	st Indies
OR	804 Mocking	bird		. 304		Towson Baltimore								
5	RESIDENCE OF DEC	10b. COUNTY	,		140.000									
DIRECTOR	1000 00					ry, town or location Towson				10d, INSIDE CITY LIMITS? t ☐ YES 2 🛣 NO				
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP CODE	E			10g. CITIZEN OF WHAT COUNTRY?		
<u>ا</u> ۵	804 Mockingh	ird L	ane, Apt.	304				2128	6			U.S.A.		
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S	S. ARMED					NIC ORIGIN?		or No-	14. RAC	E — American Indian, k, White, etc.
12	1 Never Merried 2 1 3 X Widowed 4 Divor		FORCES? 1 IF YES, GIVE W	NR OR DATES	XINO			ecify Cuba 2 X NO		in, Puerto Ric y:	en, etc.)		Spec	otty:
ED	15. DECE	DENT'S EDU	CATION	16a	. DECEDENT'S	USUAL O	CCUPATI	ON		16b, K	IND OF BUS	SINESS/INI		.ce
	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5 +		(Give kind of ville. Do NOT us	vork done e retired.)	during me	ost of working	ng					
ᆲ	12	/	5011age (1-4 51 5 7	'   ·	Office	Mana	ager			D:	c. Le	e Rol	bbin	s Office
COMPL	17. FATHER'S NAME (First, Mil	idle, Last)						18. MOTI	HER'S NA	ME (First, Mic	die, Maiden	Sumame)		10,00
u l	Dyrk	Kers!	ken					Gvs	pert	a Spra	akma	n		
0	19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRESS	S (Street						p Code)	
-	Howard J. S	chweit	tzer 2nd		6456	Mori	ris	Park	Rd.	. Phi	la. P	enns	vlva	nia 19151
	20e. METHOD OF DISPOSITION		and the Carte	20b. PLA	CEANDDATEC	E DISPOS	SITION /N	ame of		DATE	20c 10			
	4 Donation 5 Other		ovar from State	Hil	comatory or or Ltop Se	rher plaçe) Prvl(	ce C	orp.	12-	28-93	To	wson	. Ma:	ryland 21204
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	> Wal	laco	SR	mak	0	- 1				neral		•		
	23. PART I. Enter the dis	seasea, or o	complications that	ceused the	death. Do n	ot enter	the mo	da of dy	Rd ing. suc	h sa cardia	on N	ratory ar	and rest.	21204 Approximata
	ahock, or he	ert fsilure.	Liet only one ceur	e on each	line.						о от товр			interval Between
	iMMEDIATE CAUSE (Fine disease or condition	BI .	CI		C 11 =									Onset and Death
	resulting in death)		DUE TO	OR AS A COI	NSEQUENCE OF	٦·								LMOS
,		_	Q.					1	1.					
2	Sequentielly list condition if any, leading to immediate	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
3	cause. Enter UNDERLYII	NG	. Di.	beter	mel	itin								
	CAUSE (Disease or injur that initiated events		DUE TO (	OR AS A CO	NSEQUENCE OF		<b>-</b>							
CERTIFICATION	resulting in death) LAS1		d											
	PART II. Other significer	nt condition	a contributing to	deeth but o	ot moulting i	n the ur	derivin	O COULOO I	alves le	Part I a	ta. WAS AN	ALITTORON	Tan	WERE AUTOROX FARMAN
3				300111 501 (1	ot resulting t	ii tiib ui	derty	g cause (	lingii iii	Part I. 2	PERFOR		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-									—   1	☐ YES 2	NO		OF DEATH?
2														1 TES 2 NO
DI PRISICIAN: M	25. WAS CASE REFERRED TO	MEDICAL					20.00	ACE OF D	FATH (O)	eck only one)				
2	EXAMINER?	MICDIGILE	HOSPITAL:	EB10 4 11		OTHE	R:							
É	27. MANNER OF DEATH		1 Inpatient 2 I		28b. TIM	Y		URY AT	sidence	8 Other (	-	MILIBY OC	CURED	
		ending	(Month, Da	y, Year)	INJ	URY	WC	PRK?	OM [	200. 0230	WIDE TION I	NOON! OC	CONED	
	2 Cutalda	rvestigation	26e, PLACE OF	INJURY - A	At home, larm, s	dreet fect		YES 2 NO			Bouto Mumber			
COMPLEIED		3 Suicide 6 Could not be determined 269. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
וי	290. CERTIFIER 1 CERTI	FYING PHYSI	CIAN: To the best of	ny knowledou	death occurre	ed at the t	ime dete	and place	and due	to the sauce	(a) and ma			
1		t Check note:  t Check note:  t Possible Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  Check note:  t Possible Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER											_		
4	CO .	Lh.	•					29c. LICE				29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	777	D COMPLETED CAUS	E OF DEATH	(STEM 27) / Turns	Print)		0 1	06	17			171	V93
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	DEC 23199	har)	32. REGISTRAT	rs SIGNATUR		· ·							_	
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DIVISION OF VITAL RECORDS, P.O. BOX 68	TO THE HOSPITH, OF ATTEMENT OF PHYSICIAN: The law requires that the death certificate be enecut	TO THE FLYERAL DIRECTOR After this certificate has been signed by the attending physician and o	be filed within 72 Mars and death with the State Dept. of Health and Mental Hygiene prior to buri	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 37377 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93 2 20 Mary Meridith Summers 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS 215-22-6285 1 M 2 V F 81 8-10-1912 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Carroll County General Hospital Westminister Carroll RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Westminister Carroll Maryland 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21157 use as the burial-transit 215 Hook Road United States physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high è Elementary/Secondary (0-12) College (1-4 or 5+) detached 12th Grade Homemaker Own Home once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname, 2 76 Not Known Not Known Sease BE notified funeral director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 2 1956 Polaris Road Finksburg, MD Gau Lunn Ziegler pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Oak Lawn Cemeteru 12/23/1993 Baltimore. MD examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

Duda-Ruck Funeral Home of Dundalk, Inc. ours after death. 7922 Wise Ave. Dundalk, MD 21222 in and completely filled in by the to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) antri cu Que May event, DUE TO (OR AS A CONSEQUENCE OF): erm ratan Our Track traumatic CERTIFICATION Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING the attending physician a Mental Hygiene prior to CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST -Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL a d any COMPLETION OF CAUSE Signed Health a 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO pt. of F PHYSICIAN: has b. Dept. 23 certificate h the State

25. WAS CASE REFERRED TO MEDICAL				26, PLACE OF DEATH (C	theck only one)
EXAMINER?  1 YES 2 NO	HOSPITAL: 1	OTHER:			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tille IN.	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEȘCRIBE HOW INJURY OCCUREO
3 Suicide 6 Could not be	28s. PLACE OF INJURY — At he building, atc. (Specify)	ACE OF INJURY — At home, ferm, street, factory, office illding, stc. (Specify)		ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated.

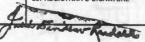
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b_BIGNATURE AND TITLE OF CERTIFIER

1	/			and ortic ordinas (mornin, bay, real)
t	Shirtgelede	Napamie	218909	12/2/193

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 700 & perlerd wellmine 917 2111 MARANNA

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DEC 231902

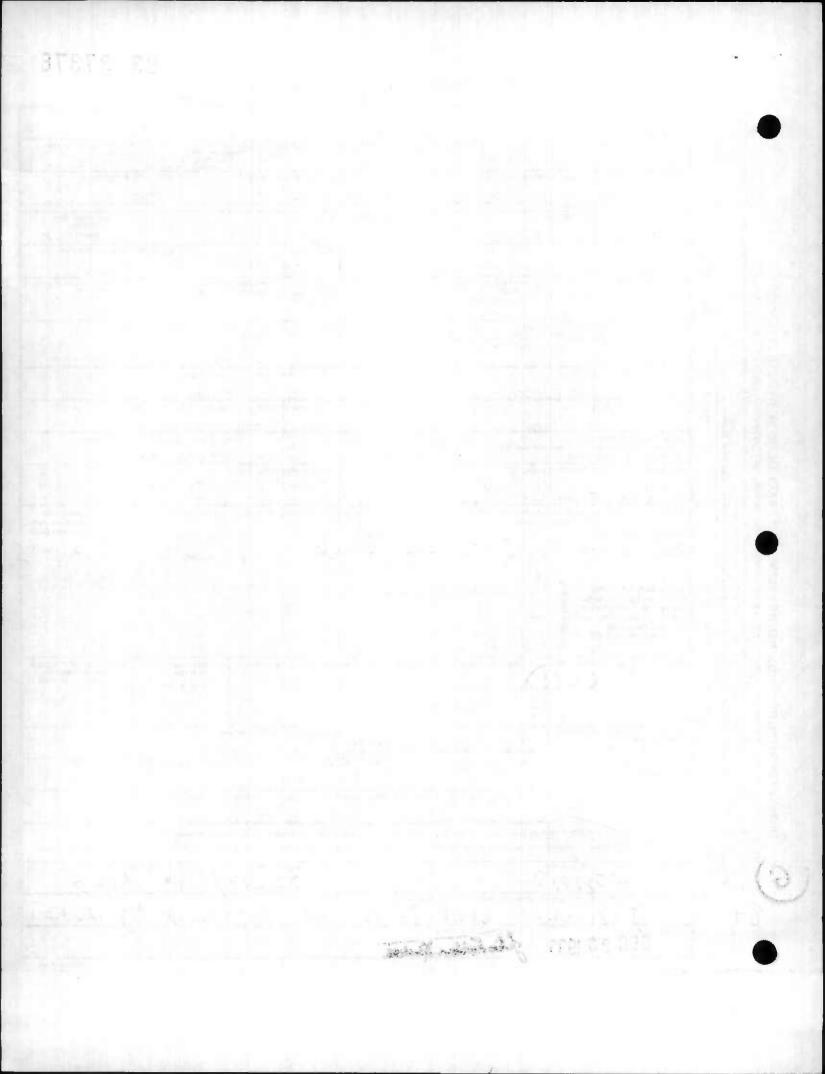


AND 21215-0020	he hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, METHOSPITAL OR ATTEN

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11.0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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-4	1 - STATE STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) - Stag- Wallace S. Stant								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthde)  213 - 12 - 1857  9a. FACILITY NAME (If not institution, give street and number)	MONTHS DAVE MOLIES MAN	7. DATE OF BIRTH (Month, Day, Year) June 29, 192.	a. BIRTHPLACE (State or Foreign Country) Maryland DUNTY OF DEATH					
TOR	Washington Adventist Hospital	Takoma Park		Montgomery					
DIRECTOR	10a. STATE 10b. COUNTY 10c. C	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Anne Arundel M.  100. STREET AND NUMBER	itchellville   10f. ZIP CODE	10g. C	1 X YES 2 NO  109. CITIZEN OF WHAT COUNTRY?					
FUNERAL	10450 Lottsford Road Unit 3010	20721		U.S.A.					
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARFOR DATES  World War II	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec		14. RACE — American Indian, Black, Whita, atc. Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)	"S USUAL OCCUPATION of work done during most of working use retired.)	18b. KIND OF BUSINESS/I	INDUSTRY					
OMP	Grade 12 Engine		United State  AME (First, Middle, Maiden Sumame	tes Government					
BE C	Edward Eugene Stanton		ay Brittan						
5		NG ADDRESS (Street and Number or Rural							
		edar Street, Comp		- City or Town, Stata					
		ashington Cemeter	ryl2/20 Adelp	hi, Maryland					
	· 611.1:4 Que Lelle	Donaldson Fur	neral Home, P.A						
	23. PART I. Enter the disease, or complications that caused the death. Do shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	o not enter the mode of dying, su	Ave. Laurel, Ma ch as cardiec or respiretory	arreat, Approximata Interval Between Onset and Death					
	disease or condition resulting in death)  a			6 MONTH					
LION	Sequentially list conditions, fit any, leading to immediate out to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.								
AL CI	PART II. Other algnificant conditions contributing to death but not resulting	g in the underlying cause given in	Pert I. 24s. WAS AN AUTOPS						
MEDIC	(OPI)		1 YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C	heck only one)						
YSIC	EXAMINER?  1 VES 2 NO  1 Limptifier 2 ER/Outputient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)								
ву РН	27. MANNER OF DEATH  1 Vistural 5 Pending 2 Accident								
ETED.	3 Suicide a Could not be detarmined  26a. PLACE OF INJURY — At homa, farm, street, factory, offica building, stc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE	29b. SIGNATURE/AND TITLE OF CERTIFIER	29c, LICENSE NO	OS 9 29d. D	ATE SIGNED (Month, Day, Year)					
	30. NAME AND ODDRESS, DF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (TV	LIREIT RD, 1	fy ATTS UNCK	MA 20+2)					
	DEC 2 3 1993	7	NEW TOTAL	DHMH-16 Rev 1/89					



permit. Pages 1, 2, 3 should

	1 - FOR STATE OF MARY REGISTRAR	LAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	ND MENTAL HYGIENE H REG. NO.	3 37379							
	1. DECEDENT'S NAME (First, Middle, Last)  LEOLA TILGHMAN  4. SOCIAL SECURITY NUMBER S. SEX 6. AGI	2. DATE OF DEATH MONTH DAY 12 21 9 HRS. 7. DATE OF BERTH 14 14 14 14 14 14 14 14 14 14 14 14 14	B BISTAIN ACE /Contract Engine								
S.	219 16 3113   1 $\square$ M 2 $\boxtimes$ F   9a. FACILITY NAME (II not institution, give street and number)  Greater Balto. Medical	9b. CITY, TOWN OR LOCATION		TY OF DEATN							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.	10c. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	229 N. Mount St.	229 N. Mount St. 21223									
B∕	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE WAR OR	S 2XXX0 If yes, specify Cuban,	HISPANIC ORIGIN? (Specify Yea or No	14. RACE — American Indian, Black, White, atc. Specify: Black							
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Nursing/He									
ed at once. BE COMPL	17. FATNER'S NAME (First, Middle, Last) Albert Jones	olly Holmes									
TO E	Laura Tilghman  196. NAILING ADDRESS (Street and Number of Rural Route Number, City or Town, Stete, Zip Cogle) 3801½ Woodbine Ave. Balto., Md. 2										
medical examiner must be netified at once.  TO BE COM	20a. METNOD OF DISPOSITION  X Surial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0b. PLACE AND DATE OF DISPOSITION (Name of empleys, crematory or other place)  MC. AUDUL 11  22 NAME AND ADDRESS	0ATE 20C LOCATION — 6 12/27 Balto OF FACILITY MOTTON & Sons	O., Md.							
Ical exam	23. PART I. Enter the diseases, or complications that cause	on 1701 Lau	rens St. Balto	Md.21217							
it, the med	IMMEDIATE CAUSE (Final disease or condition resulting in death)	each line.		interval Between Onset and Death							
injury, or other traumatic event, the	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OBSTRUCTIVE JAUNDICE  DUE TO (OR AS A CONSEQUENCE OF):  THE PANCREAS  DUE TO (OR AS A CONSEQUENCE OF):										
shows any : MEDIC	PART II. Other algnificant conditions contributing to death  DIA BETES,  Re	but not resulting in the underlying cause give NAL FAILURE	Pen In Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NQ							
or Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Properties 2 ER/Oc	OTHER:	ATN (Check only one)  dence 6  Other (Specify)								
Is marked, or	27. MANNER OF DEATH  1. Netural 5 Pending (Month, Day, Year, 2 Accident Investigation		28d. DESCRIBE HOW INJURY OCC	URED							
1 1 28 T	4 Nomicide determined building, atc. (S)	RY — At home, ferm, street, factory, office oecify)	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,							
MPORTANT: If Item  D BE COMPLE	000)	owledge, death occurred at the time, data end placa, a lion and/or investigation, in my opinion, death occured									
TO BE	29h. SIGNATURE AND TITLE OF CERTIFIER  Ray M & A M20 M  30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	D, PA D3	SE NUMBER 29d, DATE   4184 ▶ 1	2/22/93							
	RAYMOND A-NZEMD-PA.  31. DATE FILED (MONTH, Day, Year)	7801 YORK RD#3	00, Towson MD	21204							
	DEC 231993										

DNMN-16 Rev 1/89

31.81.8

permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT	
ECEDENT'S NAME (First, Middle, Last)			

93 37380

1 1 ma . 2 - V -				2. DATE OF DEATH,		3. TIME OF DEATH					
KERNICE.	THOMAS			MONTH 2	DAY 9=	2130					
4. SOCIAL SECURITY NUMBER 217-24-27 10	5. SEX 6. AGE	(In yrs. lest birthday) IF I	INDER 1 YEAR IF UNDER THE DAYS HOURS	24 HRS. MIN. 7. DATE OF BIRTH (Month, Day, Year)	0. B	IRTHPLACE (State or Foreign ountry)					
96. FACILITY NAME (If not inelitation, give street end number)  ST Agnes Hoso Hal  Bg (H)  Bg (H)											
100, STATE 10b, COUNTY	,	10c. CITY, TO	WN OR LOCATION		1773	10d. INSIDE CITY					
100. STREET AND NUMBER											
3500 Sedge HOOR Rd 21207 4											
106. STREET AND NUMBER  3.5 00 Sedge HOOV Rd  11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Bisck, White, et If yes, specify Cuben, Mexican, Puerto Rican, etc.)  15. DECEDENT'S EDUCATION (Give kind of work done during most of working lementary/Secondary (0-12) College (1-4 or 5 +)  16. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malday Surname)											
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  ATC  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  16b. KIND OF BUSINESS/INDUSTRY											
17. FATHER'S NAME (First, Middle, Last)	Mathews		18, MOTH	ER'S NAME (First, Middle, Malde	Sumame)						
190. INFORMANT'S NAME (Type/Print)	Matinews	19b. MAJLING ADD	RESS (Street end Number	or Rural Route Number, City or To	wn, State, Zip Code	)					
Irvin Hawki	ns	3500 5	sedge 400		Ho, Hd	21207					
20e, METHOD OF DISPOSITION  1	oval from State 20	b. PLACE AND DATE OF DI meter crematory or other p	sposition (Name of Pa	6. 101 1 V	butus,	or Town, State					
21. SIGNATURE OF UNERAL SERVICE LIC		nampson"	March 1	S OF FACILITY OF A	roh v	1,0					
IMMEDIATE CARSE (Final disease or condition resulting in death)  a. ACUTE MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. CETRO WARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMED?  ANALABLE PRIOR TO											
LUNG	CANCE	FR		1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноевста .			ATH (Check only one)		1 VES 2 NO					
EXAMINER?  1   YES 2   NO	HOSPITAL:	patient 3 DOA 4	HER: Nursing Home 6 - Re	sidence 6 Other (Specify)							
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EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	1 Propertient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spi	26b. TIME OF INJURY  Y — At home, farm, street city)	HER: Nursing Home 6 Re 28c, INJURY AT WORK? M 1 YES 2 , factory, office	aldence 6 Other (Specify)  26d. DE\$CRIBE HOW  NO  28f. LOCATION (Street	t and Number or Ro e) anner as stated,	o ural Route Number,					
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	26e. DATE OF INJURY (Month, Dey, Year)  26e. PLACE OF INJURY building, atc. (Spi  CIAN: To the best of my knoon.  R: On the basic of examination.	26b. TIME OF INJURY  Y — At home, farm, street cify)  wiedge, death occurred at on and/or investigation, in	HER:   Nursing Home 6	aldence 6 Other (Specify)  26d. DESCRIBE HOW  NO  28f. LOCATION (Street City or Town, Stell  and due to the cause(e) and m	anner as stated, and due to the cau	oural Route Number, ise(a) and menner sa states iNED (Month, Day, Year)					
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER CONSTRUCTION OF SIGNATURE AND TITLE OF CERTIFIER CONSTRUCTION OF SIGNATURE AND TITLE OF CERTIFIER CONSTRUCTION OF SIGNATURE AND TITLE OF CERTIFIER CONSTRUCTION OF SIGNATURE AND ADDRESS OF PERSON WH-	26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, atc. (Spi	26b. TIME OF INJURY  Y — At home, farm, street scity)  Wedge, death occurred at on and/or investigation, in	HER:   Nursing Home 6	aldence 6 Other (Specify)  26d. DESCRIBE HOW  26f. LOCATION (Stree City or Town, Steil  and due to the cause(e) and m  and st the time, date and place,  NSE NUMBER  deal PlaySician	anner se stated, and due to the cau	oural Route Number, ise(a) end menner se state: NED (Month, Day, Year)					
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	ITEM: 19a, PER F.H. FIL  FOR 1 - STATE	M G-706 12/ STATE OF MA	ARYLAND /	DEPAR					MENTA	L HYGIEN	ie 9	3	37381
- 1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)	Earl	A			E OF	DEAT	ТН	2. DATE MONTO	REG. NO	. 199	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577–64–8112.	5. SEX 1 M 2 F	3. AGE (In yrs. last	Urna birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Monti	OF BIRTN 1, Day, Year) 8-195	5	a. BIRTI	NPLACE (State or Foreign Try) C
TOR	90. FACILITY NAME (If not institution, give st 8794 Cloudleap (				96. CIT	COlumbia							
DIRECTOR	10e. STATE 10b. COUNTY				y, town	on Locat	'ION					П	10d. INSIDE CITY LIMITS? V 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8794 Cloudleap	Cou	rt	1		101, ZIP COOE 109, CITIZEN OF WHAT CO						WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 X Never Married 2 Merried  3 Widowed 4 Divorced	EVER IN U.S. ARM YES 2 X NO	2 X NO If yes, specify Cuben, Mexican, Puerl							e or No-	Blac	E — American Indian, k, White, etc. **YBlack	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working file. Do NOT use retired.)								16b	KINO OF BU	SINESS/INC	DUSTRY	
BE CON	17. FATNER'S NAME (First, Middle, Last) Moses Turnage  18. MOTNER'S NAME (First, Middle, Melden Surname) Josie Webb												
TO E	Josie Taurnage	TURNAGE	19b.						rt Ap		Colum	bia	, Md 21045
	20e. METNOD OF DISPOSITION  ON Burlel 2 Cremation 3 Rams  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE AI cemetery, crem AY 11		her place	ional	Ceme		1,2279		ingtor	ony or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West  4300 Wabash Avenue  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart feilure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algnificent condition	contributing to d	eath but not re	sulting i	in the u	nderlying	g ceuse (	given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	50.0	М	OTHE	R:	16		eck only on				
	27. MANNER OF OEATN  1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	IJURY	28b. TIM		28c. INJ WO			8 Othe	(Specify)	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF building, et	INJURY — At home. (Specify)	ne, ferm, s	street, fec	tory, affic	•			ATION (Street or Town, State		or Rural	Route Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of m											e) and manner as stated.
										E SIGNED	Month, Day, Year)		

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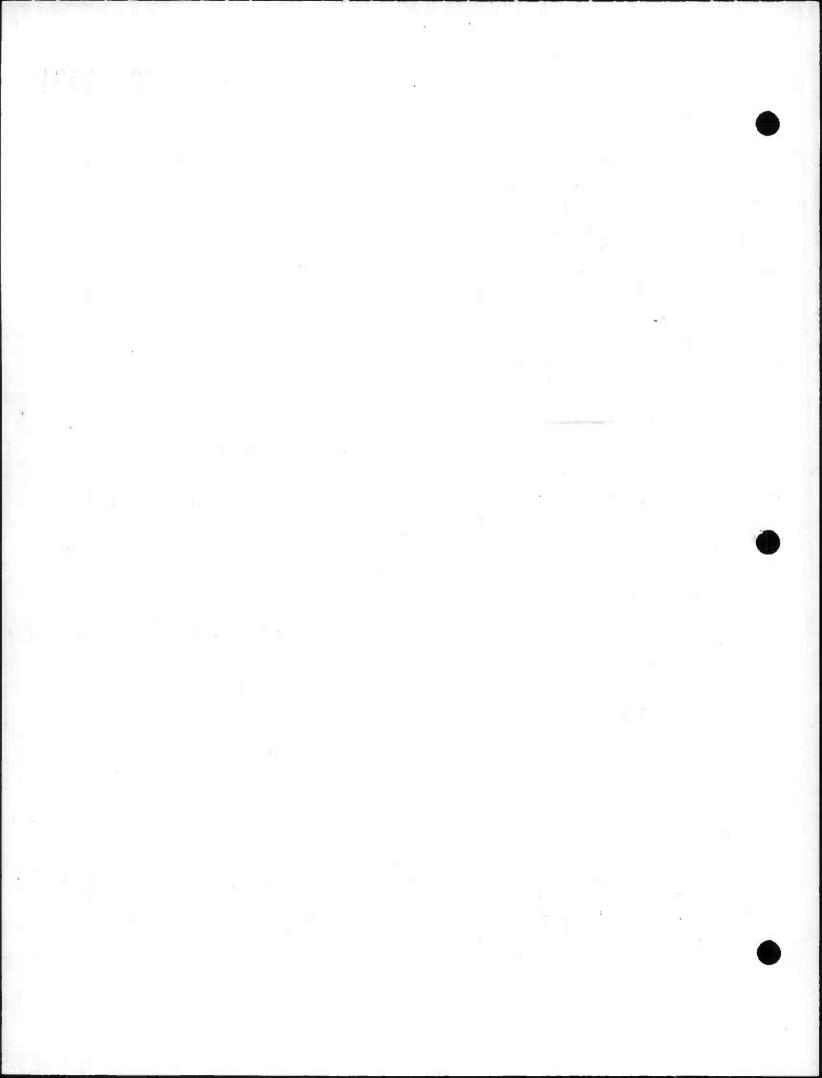
31. DATE FILEO (Month, Dey, Year)
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RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2.	e Sta	om 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify	
S cer	th th	0 'pa	I
er thi	ith wi	narke	
R: Aft	r dea	is a	
Clop	s afte	1 28	
R	'n	E	ı

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

			- 0.	-11111	IOAII	- 01	DLA			EG. NO.			
	December C TR : MONTH DAY YEAR												TIME OF OEATH
	Burton S. T	wining							12 19 93				9:20 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Ybar)		1	8. BIRTHPLACE (State or Foreign	
	217-36-4323	1 🔀 M 2 🗆 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	11/26			MD Country)	
	Se. FACILITY NAME (If not institution,		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF GEATH					
<u>٣</u>	Stella Maris	Towson						D 1.					
DIRECTOR	RESIDENCE OF DECEDEN	1	OWS	) 11				Baltimore					
Ä	10a. STATE 10b. C	OUNTY		10c. CIT	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY
ā	MD ]	Baltimore			Glen	Arn	1					1	LIMITS?
7	10e. STREET AND NUMBER				01011	-	f. ZIP COD	E		10g. CITIZEN OF WHAT			
BY FUNERAL	5626 Sharon I		21057					0.00					
N N	11. MARITAL STATUS		T EVER IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN						US.		
H	1 Never Married 2 Married	FORCES?	YES 2 A	10	10	If yes, sp	ecity Cubs	n, Mexica	n, Puerto Rican	n, etc.)	OF 140—	Bleck, W	- American Indian, Vhile, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		NP.	1   YES	2 🙀 NO	Specify	r:		31	Specify:	T71- 4 h .
0	15. DECEDENT	B EDUCATION	16a DE	CEDENT'S	HSHAL O	CCLIDATI	ON		Tas van	D OF BUE	INESS/INDU	OTON	White
COMPLETED	(Specify only highest		(G	ive kind of a	work done	during me	ost of working	ng	TOO. KIN	D OF 505	MESS/INDU	SINT	
7	Elementary/Secondary (0-12)	College (1-4 or 5	*)						1				
M	17. FATHER'S NAME (First, Middle, La	- 1		Farm	er					armi			
		*					18. MOTI	HER'S NAI	ME (First, Middle	e, Meiden S	Surneme)		
BE	Isaac J. Twir								Burto				
2	19a. INFORMANT'S NAME (Type/Print		198						Poute Number, C				
-	Mrs.Helen T.	Kadlec		5626	Sha	ron	Driv	e,	Glen A	Arm,	Md. 2	21057	
	20e. METHOD OF DISPOSITION	B	20b. PLACE	AND DATE	OF DISPOS	SITION (N	ame of		DATE	20c. LOC	ATION CH	ity or Town,	State 21057
	20e. METHOD OF DISPOSITION  1XD Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Camelogy or other place)  4 Donation 5 Other (Specify)  20c. LOCATION — City or Town, Camelogy or other place)  Waugh Chapel U.M. Ch. Cem. 12— 22—93 Glen as										rm.Md.		
	21. SIGNATURE OF FUNERAL SERVI	22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funeral Home											
	▶ E. J. Lan	aless.			2								
	23. PART I. Enter the diseases								Rd.Ki				1087
z	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Recurrent strokes Due To (on as a consequence or):  Arteriosclerosis												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant con-	ditions contribution to	death but not n	enultion i	in the u	dedvio	n marian d	officers for I	Bant I Tree	WAS AN A	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	T	The subsection devices
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8 1	25. WAS CASE REFERRED TO MEDIC EXAMINERT		/ /				ACE OF D	EATH (Cho	ick only one)			11	
Sic	1 TABLE 3 CHO	HOSPITAL:	ER/Outpatlant 3	□ DOA	4 D Nur		. 5 ( Re	sidence	6 [] Other (lips	ec/fv)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Panding Investigation			26h, TIM INJ	-	26c. INJ WC			28d, DESCRIB		JURY OCCU	RED	75.00
8	3 Suicide 8 Could n 4 Homicide determin	of be 28s. PLACE C	eta (Specify)	me, farm, s	street, fact	ory, affic	•		28f. LOCATION City or Tox		nd Mumber or	- Plurat Route	e Number
7	29a. CERTIFIER . SPERMENNE	BUNDAN E E E											
COMPLET		PHYSICIAN: To the best of AMINER: On the besis of a											of manner se stated.
BE	295. SIGNATURE AND TITLE OF CER	MFIER					29x. UC	ASE NUM	男子		29d. DATE S	SIGNED (MO	orgh_Day, Year)
2	30. NAME AND ADDRESS OF SERSO	H WHO COMPLETED AND	SE OF DEATH OTEN		Patri)	Som	3 0	15/18	3 Kei	6	212	04	
1	31. DATE FILED (Month, Day, Year)	32. REGISTO	R'S SIGNATURE					(		_			
	DEC 231993	/	Rudoll										E-third

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1. DECEDENT THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and redeath. Page 6 may be retained by the hospital or attending physicians that the death certificate be executed within 24 and redeath. Page 6 may be retained by the hospital or attending physician be executed within 24. The law requires that the death certificate be executed within 24. The law requires that the death of the attending physician of the retained by the hospital or attending physician of the results of the page 6 may be retained by the hospital or attending physician of the attending physician of the retained within 24. The law requires that the death of the attending physician of the retained within 25 hours after cert. The law requires the second of the page 7. 2. 3 should be fleated of the attending physician of the retained within 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN CERTIFICATION  TO BE COMPLETED BY PHYSICIAN CERTIFICATION  TO BE COMPLETED BY PHYSICIAN CERTIFICATION  TO BE COMPLETED BY PHYSICIAN CERTIFICATION  TO BE COMPLETED BY PHYSICIAN CERTIFICATION  TO BE CO	<u> </u>		negi
TO THE HOSPITAL OF ATENDON G PHYSICIAN: The law requires that the death certificate he executed within 24 and the fine truncation of the certificate has required the death certificate he executed within 24 and the fine truncation of the certificate has a completely filled in by the attending physician and completely filled in by the death with in 22 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or remove IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical control of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the ce	r death. Page 6 may be retained by the hospital or attending projects.  The funeral director, page 5 should be detached for use as the burners of the commit. Pages 1, 2, 3 should examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL 247 9a. FACILIT 29] FIESIDE 10a. STATE Md. 10b. STREE 2 11. MARITA 1   Never 3   Widon Element 17. FATHER 19a. INFORI Liz 30a. METHO WETHO TO DONA 11. BIGNAT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	BE COMPLETED BY PHYSICIAN: I	23. PART IMMEDIA disease of resulting Sequenting Sequenting Sequenting Sequenting If any, lead cause. ECAUSE (It that initial resulting) PART II. (2) 25. WAS CAEXAMIP 1

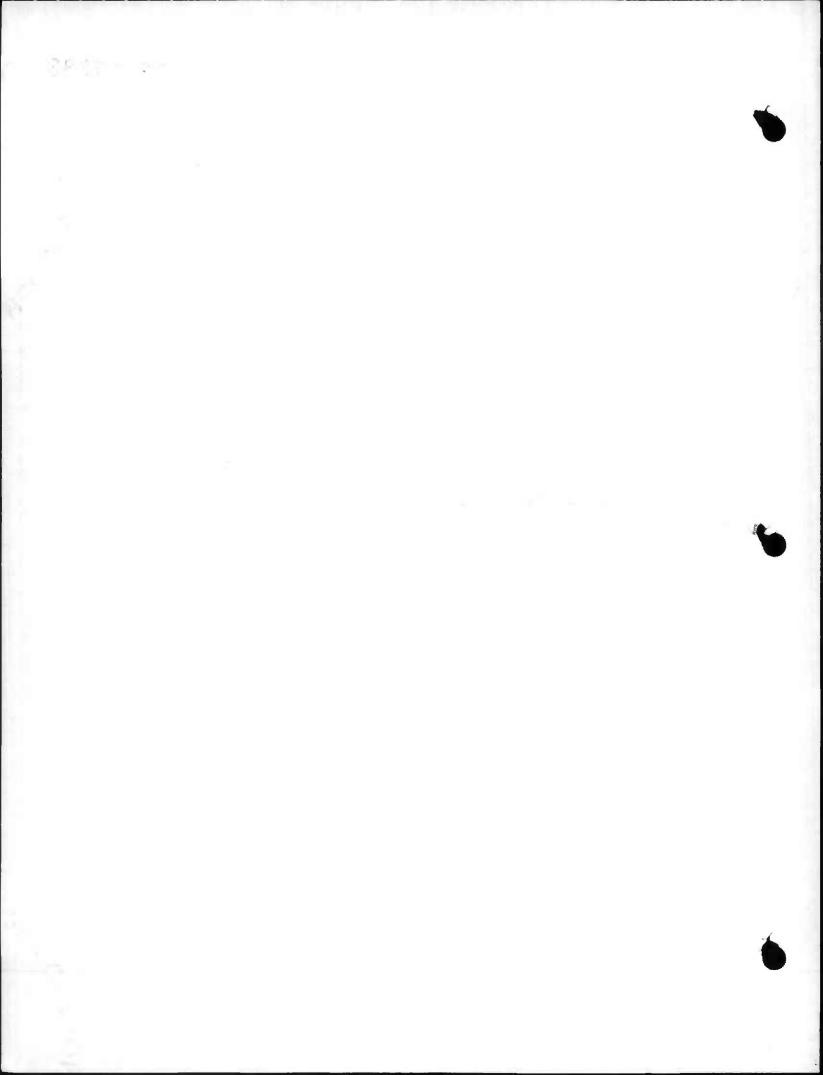
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAN				CENTIF	CAIL	OF	DEA	П	HEG. NO	).			
	1. DECEDENT'S NAME (First, A	Middle, Last)							2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
(1)	L.i.11	ie		Uts	ev					12 2C	Γ' (	33	M	
	4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER	24 HRS. 7	DATE OF BIRTH	-	8. BIRTH	PLACE (State or Foreign	
- 2	247 38 348:	2	1 □ M 2∑₹	89	YRS.	MONTHS (	DAYS	HOURS	MIN.	(Month, Day, Year) $\Delta / 2$	nth, Day, Year) 4/24/04 S.C.			
	9a. FACILITY NAME (If not insti		reet and number)			96. CITY, T	OWN O	R LOCATIO	ON OF DEAT			UNTY OF DE		
œ l	2917 Boar	man	Augnua					timo			1.00			
DIRECTOR	RESIDENCE OF DECE		Avenue				ат	CINC	16		1			
Ĕ I	10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION				10d. INSIDE CITY		
5	Md.					Bal	tir	nore					LIMITS?	
	10a. STREET AND NUMBER						106	ZIP CODE			/HAT COUNTRY?			
8	THE THE COLUMN TWO THE COLUMN	Carm	an Aven	110			100	212	-		HAI COURTRY?			
FUNERAL	11. MARITAL STATUS	OGLIM									16.7			
5	1 Never Married 2 M	larried	12. WAS DECEDEN FORCES? 1	YES 24	ARMED Z NO	13. WA	S DEC	ENDENT O	F HISPANIC n, Mexican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	es or No—	14. RACE Black	— American Indian, , White, atc.	
B	3 Widowed 4 Divorc		IF YES, GIVE V	AR OR DATES	7				Specify:			Bra	čk	
	21.	DENT'S EDUC	SATION .	1.0										
ETED	(Specify only it	highest grade		16a.	(Give kind of	work done dur	ing mos	on st of workin	g	166. KIND OF B	JSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+) #fe. Do NOT use retired.)														
Domestic  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)														
႘၂	17. FATHER'S NAME (First, Mick							16. MOTH	HER'S NAME	(First, Middle, Melde	n Surname)			
James C. Adams										lizabet	h C	obbs	1	
196. INT-OHIMAN 1'S WAMIE (hyper-rint) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)														
Lizzie M. Wilson 2917 Boarman Ave. Balto., Md. 21215											.215			
20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)  20c. LOCATION — City or Town, State												wn, State		
	4 Donation 5 Other (S		oval from State	cemetery,	Crematory or o	Mom	Da	مامد		12/27Ba	1+0	Ma		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		KING	22. NA	ME AN	D ADDRES	SS OF FACIL	ITY '		IAIÓ	•	
- 1	James A. Morton & Sons													
						17	01	Lau	rens	St. Ba	alto.	. , Mo	d. 21217	
	23. PART Enter the disc shock, or has	eeses, pr c art fallure. I	omplications that List only one ceu	t ceused the ise on each i	deeth. Do i	not enter th	e mo	de of dyl	ng, such s	s cardlec or res	piratory a	rest,	Approximata interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.   J. Man. Tiget in fection  DUE TO (OR AS A CONSEQUENCE OF):  CELL SIGNAL SIGNAL  A. Sequentially list conditions											Onset and Death		
	resulting in death)	• ,		1.19	7140	T I	n fo	en un	?					
			DOE 10	TON AS A CON	SECUENCE O	F):								
8	Sequentially list condition	TIO	DUE TO	(OR AS A CON	CUIDA	d151	00 2	~						
F	if any, leading to immedia cause. Enter UNDERLYIN		502 10	(On As A COM	SECOENCE O	r).								
ERTIFICATION	CAUSE (Disease or Injury		DUE TO	(OR AS A CON	SEQUENCE O	n.								
Ē	that initiated events resulting in death) LAST	- 1	502.10	(OII AS A COR	SECUENCE O	r).							i	
			ı											
_ 1	PART II. Other significant	t condition	s contributing to	death but no	t resulting	in the unde	rivino	cause o	olven in Pa	rt I. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
DICAL			- 50							PERFO	PRMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
										_ 1 TYES	2 🗌 NO		OF DEATH?	
Σ			·							_		- 1	1 TES 2 NO	
PHYSICIAN:														
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Check	only one)				
S	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	3 DOA		g Hom	• 5 ∏A•	sidence 6	Other (Specify)				
H	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF 20		URY AT RK?	2	ed. DESCRIBE HOW	INJURY O	CURED		
8	1 Metural 5 Pe	ending vestigation		. ,				ES 2	NO					
	a D división	ould not be	28a. PLACE C	F INJURY — At	home, farm,	street, factory	, office		2	St. LOCATION (Street	end Numbe	or Aural A	loute Number,	
	4 Homicide de	termined		ara (opoury)						City or Town, State	,			
MPLE	29a, CERTIFIER	TYING PHYSIC	CIAN: To the best of	my knowledge	double account	ad at the time		and alone		the cause(e) and m	de con			
Σ	onei													
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.										) and manner se sistes.				
B B	29b. SIGNATURE AND TITLE O	OF CERTIFIER	1/	*					NSE NUMBE	_	29d. DA		(Month, Day, Year)	
2	Am		burn						7250	575			2-2193	
- 1	30. NAME AND ADDRESS OF F			SE OF DEATH (	<b>ТЕМ 27)</b> (Туре	Print)	1	0	1.1	n M	1 -			
	Simon Gard	140	4000 01	0	Court	Roa	A	150	II.w.	n M	1 2	120	8	
1	31. DATE FILED (Month, Day, Ye.		32. REGISTRA	R'S SIGNATUR	E				-					
	DEC 231993	3	furir Dands	ar Rende									- 7	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH n Ston DAY 2 OIDA orrin 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) F UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 72 DAYS MONTHS HOURS 1 - M 2 X F YRS. 04 29 Maryland permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City Richie Hospice DIRECTOR Joseph RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD. 1 TO YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 4510 Dunland Road burial-transit U.S. urs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed & Divorced detached for use as the Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ndery (0-12) College (1-4 or 5+) 12th Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Martha page 5 should be notified at Alexander Carpenter BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 9 102 Sacramento Drive Hampton, Va. 23666 Harold Ford 9 20s. METHOD OF DISPOSITION
135 Burlai 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, 4 Donation 5 Other (Specify) Cemetery 12/23/93 Balto. MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe Doretto E.L.Phillips F/HBalto.,MD, 21217 CFSP#281 in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between ò filled Onset and Deeth IMMEDIATE CALISE (Final the cremation, disease or condition completely river week or other traumatic event, resulting in death) executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): burial, Adenocarcinoma of CERTIFICATION and YEAR) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events prior to attending physician HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Mental the PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 AO 1 TYES 2 NO ONECTOR: After this certificate has been shours after death with the State Dept. of Pitem 28 is marked, or item 23 shor PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 (P Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

(Chank only

CERTIFYING PHYSICIAN: To the bast of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C
TO THE FUNERAL C
BE filed within 72 h
IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Roye B. tun M.D DO 2175 12-19-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8824 WINANDS ROAD, RANDALLSTOWN, NO 21133 ROLFE B. FINN 32. REGISTHAR'S SIGNATURE

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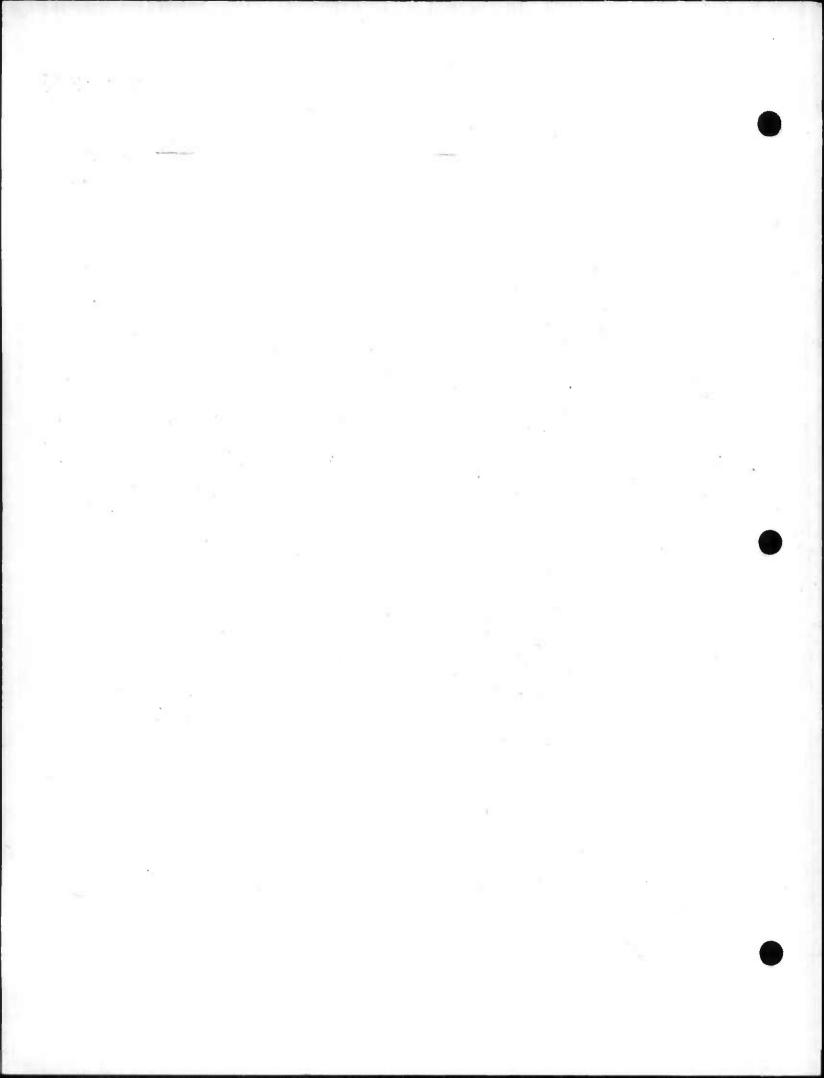
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 3	7385
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	REGISTRAR			ICATE C		REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY	YEAR	3. TIME OF DEAT			
	Petronella E.  4. SOCIAL SECURITY NUMBER		# In I			12/22/93		1:30			
	215-10-4636		(In yrs. lest birthday) 92 YRS.	MONTHS DAY		7. DATE OF BIRTH 7 /3 / 01 Year)	M Dour	THPLACE (State or Fo			
	90. FACILITY NAME (If not institution, give			9b, CITY, TOW	N OR LOCATION OF DI		9c, COUNTY OF				
R	1734 N. Carey				timore		J. JOURIT OF	- LAITI			
DIRECTOR	RESIDENCE OF DECEDENT										
R	100. STATE 10b. COUNT	IY		Y, TOWN OR LO				10d. INSIDE CITY			
	MD  100. STREET AND NUMBER		Ba:	ltimo	101, ZIP CODE		10- OITITEN CT	1 ¥ YES 2 ☐			
RA	1734 N. Carey	Street		17.7	21217		USA	WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		DECENDENT OF HISPAI	HC ORIGIN? (Specify Yea o		CE — American India			
BY F	1 Never Merried 2 Merried	FDRCES? 1 YES		If yes	specify Cuban, Mexica /ES 2 NO Specif	n, Puerto Rican, etc.)		ck, White, etc.			
	3 Wildowed 4 Divorced	HOATION						ack			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	VSUAL OCCUP work done during se retired.)	ATION most of working	16b. KIND OF BUSIN	ESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) 8th	College (1-4 or 6+)	Hoste			9 9 11 4 1					
MO	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)										
BE C	Edward Young					ude Young					
TO B	190. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Woodbine Ave, Balto., MD 21207							
F	Nellie Dorsey		3701	Wood	oine Ave	,Balto.,M	D 2120	) /			
1	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Ren	20t	b. PLACE AND DATE O		(Name of	DATE 20c. LOCA	TION — City or 1	Town, State			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificant condition										
EDICAL			but not resulting I	in the underf	ying cause given in						
MEC			but not resulting I	in the underl	ying cause given in	Part I. 24e. WAS AN AL PERFORM	ED?	AVAILABLE PRIOR COMPLETION DF			
			but not resulting I	in the underf	ying cause given in	PERFORM	ED?	AVAILABLE PRIOR COMPLETION DF ( OF DEATH?			
			but not resulting I	in the underf	ving cause given in	PERFORM	ED?	AVAILABLE PRIOR COMPLETION DF ( OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		20 OTHER:	. PLACE OF DEATH (Ch	PERFORM 1   YES 2	ED?	AVAILABLE PRIOR COMPLETION DF ( OF DEATH?			
		MOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 □ DOA	20 OTHER: 4   Nursing I	. PLACE OF DEATH (Ch	PERFORM 1   YES 2    ock_effly one) 8   Other (Specify)	ED?	AVAILABLE PRIOR COMPLETION DF ( OF DEATH?			
PHYSICIAN:	EXAMINER?  1 YES 2 YOU  27. MANNER OF DEATH  1 Natural 6 Pending	HOSPITAL: 1   Inpatient 2   ER/Outs 28e. DATE OF INJURY (Month, Dey, Year)	patient 3 DOA	OTHER: 4  Nursing I	. PLACE OF DEATH (Ch	PERFORM 1   YES 2	ED?	AVAILABLE PRIOR COMPLETION DF ( OF DEATH?			
BY PHYSICIAN:	EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	MOSPITAL: 1   Inpatient 2   ER/Outy 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	patient 3 DOA  28b. TIMI INJ  Y — At home, farm, s	OTHER: 4   Nursing E OF 28c. W 1	PLACE OF DEATH (Chinomo 5 ARVEIdence INJURY AT WORK?	PERFORM  1 YES 2  ock_effly one)  8 Other (Specify)  26d, DESCRIBE HOW INJ  26f, LOCATION (Street end	URY OCCURED	ANALABLE PRIOR COMPLETION DF 6 OF DEATH?  1 YES 2			
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OP DEATH  1 Natural 6 Pending 2 Accident Investigation	HOSPITAL: 1   Inpatient 2   ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	patient 3 DOA  28b. TIMI INJ  Y — At home, farm, s	OTHER: 4   Nursing E OF 28c. W 1	PLACE OF DEATH (Chinomo 5 ARVEIdence INJURY AT WORK?	PERFORM  1 YES 2 C  ect.efly one)  8 Other (Specify)  28d. DESCRIBE HOW INJ	URY OCCURED	ANALABLE PRIOR COMPLETION DF 6 OF DEATH?  1 YES 2			
ETED BY PHYSICIAN:	EXAMMER?  1 YES 2 400  27. MANNER OP EATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be determined	MOSPITAL: 1   Inpatient 2   ER/Outy 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	patient 3 DOA  26b. TiMi INJ  Y — At home, farm, s	OTHER: 4   Nursing I E OF 28c, URY M 1	PLACE OF DEATH (Ch dome 5 Antidenca injury at work? YES 2 ND	PERFORM  1 YES 2  cck_efly one)  8 Other (Specify)  28d. DESCRIBE HOW INJ  28f. LOCATION (Street enc. City or Town, State)	URY OCCURED  I Number or Fural	AMILABLE PRIOR COMPLETION OF OF DEATH?			
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E COMPLETED BY PHYSICIAN:	EXAMMER?  1 YES 2 400  27. MANNER OP DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	HOSPITAL: 1   Inpatient 2   ER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  26b. TiMi NJ  Y — At home, farm, a	OTHER: 4   Nursing   E OF 28c. URY M 1   street, factory, c	PLACE OF DEATH (Children 5 Presidence Injury AT WORK? PES 2 ND	PERFORM  1 YES 2 C  8 Other (Specify)  26d. DESCRIBE HOW INJ  26f. LOCATION (Street and City or Town, State)  to the cause(s) and manner time, date and place, and	URY OCCURED  If Number or Rural  or se stated,  due to the cause	ANALABLE PRIOR COMPLETION DF (OF DEATH?)  1 YES 2			
BE COMPLETED BY PHYSICIAN:	EXAMMER?  1 YES 2 40  27. MANNER OP EATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1   Inpatient 2   ER/Out 29a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  26b. TiM INJ  Y — At home, farm, s wiedge, death occurre on end/or investigatio	OTHER: 4   Nursing I E OF 28c, URY M 1   Rirest, factory, c	PLACE OF DEATH (Children 5 Presidence Injury AT WORK? PES 2 ND	PERFORM  1 YES 2 C  8 Other (Specify)  26d. DESCRIBE HOW INJ  26f. LOCATION (Street and City or Town, State)  to the cause(s) and manner time, date and place, and	URY OCCURED  If Number or Rural  or se stated,  due to the cause	1 YES 2   I			
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ITEMS: 6&7 PER F.H. FILM G-706 12/29/93 t.t

			TE OF MARYLAND / I	DEPARTMENT		ENTAL HYGIENE REG. NO.	93 3	7386			
	1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR 3. TI	ME OF DEATH			
		THERESA WOOD				12 21	03 1	158 A M			
20			M 27∃F 63		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH 1930	Berlyt	E (State or Foreign O Md			
	œ	Sa. FACILITY NAME (If not institution, give street and			TOWN OR LOCATION OF DEA		9c. COUNTY OF DEATH				
(02)	DIRECTOR	4030 BOARMAN AVE	NUE	BAL	TIMORE CIT	Y					
-	RE	10a. STATE 10b. COUNTY		10c. CITY, TOWN OF	LOCATION		10d.	INSIDE CITY			
T T		Maryland Balto		Jess	up Marylar		N	YES 2 NO			
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	S	4030 Boarman Av	S DECEDENT EVER IN U.S. ADM		AS DECENDENT OF HISPANI			merican Indian, ta, atc.			
	BY F		PRCES? 1 TYES 2 WIND YES, GIVE WAR OR DATES		yes, specify Cuban, Maxican.  YES 2 NO Specify:	Puerto Rican, etc.)	Specify:B	lack			
1215-0 rr attending use as the		15. DECEDENT'S EDUCATION		EDENT'S USUAL OCC		16b. KIND OF BUSIN	IESS/INDUSTRY				
212 tal or a	COMPLETED	(Specify only highest grade complete Elementary/Secondary (0-12) Collection		e kind of work done du Do NOT use retired.) Cle		Food	Store				
-AND 21 the hospital or detached for u once.	M M	17. FATHER'S NAME (First, Middle, Last)		CIE				_			
8 2 2 Z	BE C(	John Wi			Т	E (First, Middle, Meiden Su Theresa To	olson				
	인	Jean Williams	19b.	8690 Ro	Street and Number or Rural Ro Se Ln Jess	sup MD 20	State, Zip Code) 794				
ORE 6 may ctor, pa		20a. METHOD OF DISPOSITION 1 Burlat 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	m State 20b.PLACEAN cemetery, prove	atory other place	rematery		tion - city or Town, s	e md			
ALTIMI death. Page funeral dire	ı	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AME AND ADDRESS OF FAC	LITY					
W - 8 - 0		· Vamohi	- Dum	_	JAMES A MO		Laurens : ERAL HM	ST.			
in 2- nours by filled in thation, or ref		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
al al	TION	Sequentially list conditions,  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
O. BOX certificate be existing physician a hygiene prior to	CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):							
S, P.O. death certific attending pental Hygiend iny, or other	SERT	resulting in death) LAST									
D of the Up	A	PART II. Other eignificent conditions conti	ibuting to death but not re-	suiting in the und	erlying cause given in F	Part I. 24a. WAS AN AL		E AUTOPSY FINDINGS ABLE PRIOR TO			
O - 55 al	MEDIC					1 D YES 2		PLETION OF CAUSE EATH?			
REC v requires been sign ft, of Heal						- Lin SALCI	10	YES 2 NO			
TAL The law the has boate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (Chec	ck only one)	-01				
OF VITAL HYSICIAN: The law this certificate has with the State Dep	VSIC	11	PITAL: patient 2 - ER/Outpatient 3 -	DOA 4 Nursi	ng Home 5 Residence 6	Other (Specify)					
OF PHYSIC This ce with th		27. MANNER OF DEATH 2 Netural 5 Pending	Ba. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW INJ	URY OCCURED				
ON IDING After death	BÁ	2 Accident Investigation	Ba. PLACE OF INJURY — At hom		1 YES 2 NO	281, LOCATION (Street and	J Number or Rural Route I	Vumber,			
DIVISION DR ATENDING F DIRECTOR: After I hours after death	ETED	4 Homicide detarmined	building, etc. (Specify)			City or Town, State)					
DIVISION OF VITO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifical he filed within 72 hours after death with the St. IMPORTANT: Il item 28 is marked, or it.	COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the control of the control one)  2 MEDICAL EXAMINER: On the control of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one	the best of my knowledge, deat a basis of examination and/or im					menner as stated.			
THE HO THE FUI INC WITH	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUME	BER 2	29d. DATE SIGNED (Mont	th, Day, Year)			
5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	30. NAME AND ADDRESS OF PERSON WHO COMP	ETED CAUSE OF DEATH (1750)	27) (Type Doles)	O.C.M.	E.	12/22/9	3			
		THEODORE MIKIN			treet, Bal	timore N	Marvland	21201			
		31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATURE		LLCCC, Dal	CIMOLO, I	TOL Y LUIIU	21201			
	- 1	DEC 231993	in Danier Rondol	E .							



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	ours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit	n, or removal.
	TO THE HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PAREAL CHECKER. And the caralleam has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	the find within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
1		1	1

	1. DECEDIVATED IST.	Middle, Last)	J.		W	OLF ST		2. DAT	TH DOO 2	W 1002	YEAR 3	4:12 at
	4. SOCIAL SECURITY HUMB	ED	5. SEX	A ACE	In yrs. last birthde							
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	Saint Jose	oh Hos	street and number)			9b. CITY, TO	WN DR LOCATION OF	DEATH		9c. COUNT		TH
FUNERAL DIRECTOR	RESIDENCE OF DEC											-
	10e. STATE	10b. COUNT				CITY, TOWN OR LE					1	Od. INSIDE CITY LIMITS?
	Maryland  10e. STREET AND NUMBER	Balt	lmore		Ba	altimore	10f. ZIP CODE			10g. CITIZE		AT COUNTRY?
	6401 Loch R	aven I	Blvd., A	pt. 2	16		21239			U.S.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDE FORCES? IF YES, GIVE	ENT EVER IN	1 U.S. ARMED 2 X HO	If yes	DECENDENT DF HISP a, specify Cuban, Mexi YES 2 X NO Specific	can, Puerto			4. RACE -	- American India White, etc.
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	23. PART I. Enter the di ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	sart fallure.	ACUTE	MYO	CARDIA	Sch 333 to not enter the	nimunek Fu 31 Brehms mode of dying, su	nera Lane	, Balt	imore,	Md.	Approximation interval Barrian Onset and
ATION	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi If any, leading to immed	eart fellure.	a. ACUTE DUE TO B. GASTR	MYO TO (OR AS A	CARDIA CONSEQUENCE	Sch 333 o not entar the L INFARC OF): BLEEDING	aimunek Fu 31 Brehms 5 mode of dylng, so	nera Lane	, Balt	imore,	Md.	Approxime interval Be Onset and 15 mins
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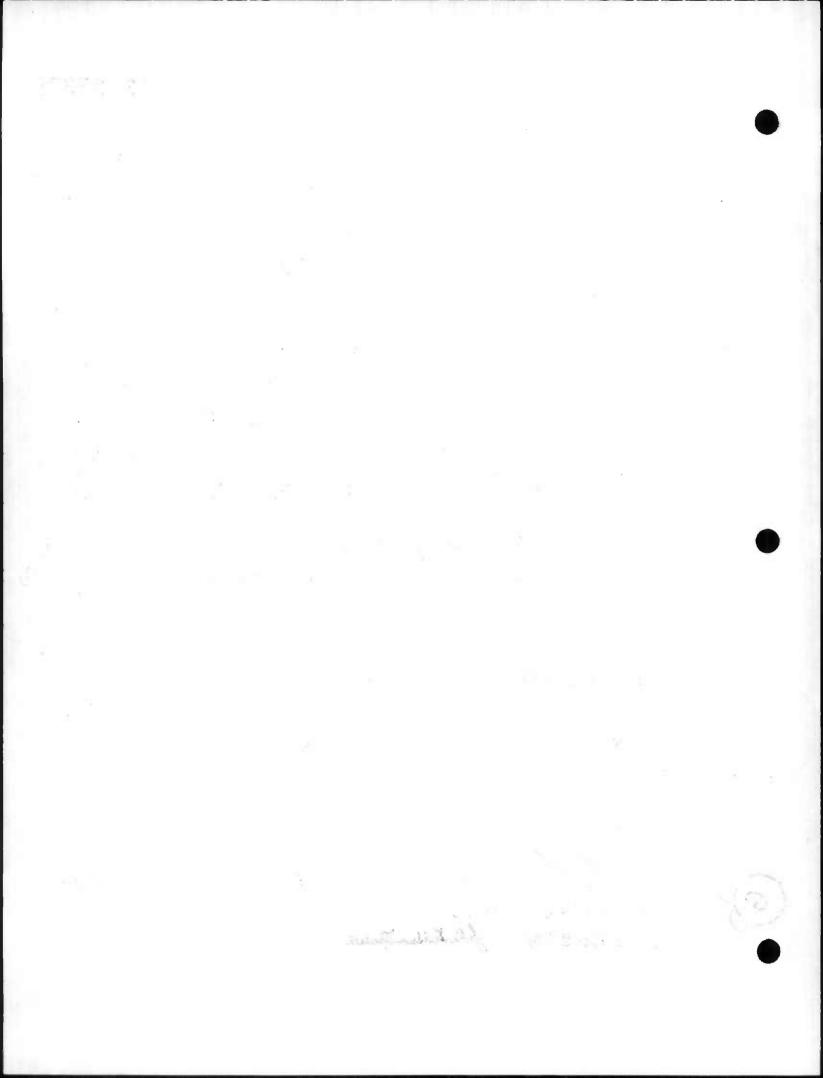
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Manner the death certificate be executed within 24 and state death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HE	EALTH AND N	MENTAL HYGIEN		3 37388
	1. DECEDENT'S NAME (First, Middle, Las.	1)				2. DATE OF DEATH		3. TIME OF DEATH
	ELEANOR WARD					DECEMBER		93 6.34 P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	006-28-7746		58 YRS.	MONTHS DAYS	HOURS MIN.	2-15-1	925	N.C.
~	9e. FACILITY NAME (If not institution, give	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		9b. CITY, TOWN OR	LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH
Į į	THE JOHNS HOPKI	NS HOSPITAL		BALTIMOR	RE CITY			
DIRECTOR	10a. STATE 10b. COUN	ITY	10c, CITY.	TOWN OR LOCATIO	ON			10d. INSIDE CITY
ة	MD.				LTIMORI	7		LIMITS?
4	10e. STREET AND NUMBER				ZIP CODE	2)	10o. CITIZE	1 M YES 2 □ NO N OF WHAT COUNTRY?
FUNERAL	121 UPNOR RD			1.1:	21212			.S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Yes		. RACE — American Indian.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		II yes, spec	offy Cuben, Mexicen NO Specify.	, Puerto Rican, etc.)		Black, White, etc.
								WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16e. DECEDENT'S U	ork done during most	of working	16b. KIND OF BUS	SINESS/INDUS	тнү
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	DCVCIIT		VIIID C m	277777		
Z G	17. FATHER'S NAME (First, Middle, Last)	J+	PSICHI	ATRIC I		NURS		
	SAMUEL T. H	ET.MS				AE (First, Middle, Meiden		
	19a. INFORMANT'S NAME (Type/Print)	LHIO	195 MAII ING A	DD9ESS (Street and		NA WALTER		
TO BE	ROBERT F. WAR	D				LTO., MD.		
8	20e. METHOD OF DISPOSITION	201	PLACE AND DATE OF					⊥ ∠ • y or Town, State
TS TE	1 Burial 2 Cremation 3 Real	moval from State	DAVIDS	er place)	RARTIIM		BALTO	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND	ADDRESS OF FAC	ILITY		
examiner	No/ Olivan	1 Varia	171			ENKINS 8		
	23 PART   Enter the diseases as	M. Mus	<i>F-LL</i>	4905	YORK	RD. BALT	O., MI	D. 21212.
	23. PART I. Enter the diseases, pr shock, pr heart fellure	Liat only one cause on a	ech line.	t enter the moda	a of dying, such	ss cerdiac or reapi	ratory srrest	Approximete Interval Batween
5	iMMEDIATE CAUSE (Finel disease or condition							Onset and Death
, and	resulting in deeth)		CONSEQUENCE OF					Z days
			1 1 1	j				21
O	Sequentisity that conditions, if any, isading to immediate	b. Intrace	CONSEQUENCE OF	nemorr	wage			L days
CAI	cause. Enter UNDERLYING	a hypert	RODRE					30 100
TIFI	CAUSE (Disesse or injury that initiated events	DUE TO TOR AS A	CONSEQUENCE OF):					2 have
CERTIFICATION	resulting in death) LAST	d						
	PART ii. Other significant condition	ons contributing to death b	ut not resulting in	the underlying	anuna aluan la f			
CAL	1	1 . 0		the underlying t	cadas given in r	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	myocardio	:				1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
Σ		lung dis	Sare			Rendging Man		1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	Т — — —		00.00.00	-			
	EXAMINER? 1 ☐ YES 2 № NO	HOSPITAL:		OTHER:	CE OF DEATH (Chec			
H K	27. MANNER OF DEATH	1 M Inpatient 2 ER/Outs 26e. DATE OF INJURY	28b, TIME	OF 28c, INJUR		Other (Specify)  26d. DESCRIBE HOW II	I II IIIV OCCI III	150
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	NORK YE		200. DESCRIBE NOW II	SONY OCCUM	leb
BY BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	- At home, term, atr			261, LOCATION (Street e	nd Number or I	Rural Route Number
	4 Homicide determined	building, etc. (Spec	effy)			City or Town, State)		TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL
COMPLETED	29e. CERTIFIER 1 S CERTIFYING PHYS	SICIAN: To the beet of my know	edge, death occurred	at the time date or	ad place, and due t	a the assessed and		
. S	(Check only one)  2 MEDICAL EXAMIN	IER: On the basis of exemination	n end/or investigation,	In my opinion, dear	th occured at the ti	o the cause(e) end man	ner se stated.	even(s) and manner so stated
								added of the member se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER ,			On LICENSE AUTON			ONED ALTER TO
8 8		ER DI	MD	2	9c. LICENSE NUME	ВЕН	29d. DATE SI	GNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIE	Jodanikoll.	MP ATH (ITEM 27) (Type, P	reject)			▶ 1.	GNED (Month, Day, Year) 7/21/93
8 8	296. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON W	Jodanikoll.	- /	reject)			▶ 1.	IGNED (Month, Day, Year) Z/Z//93
8 8	296. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	reject)		us Hospi	▶ 1.	IGNED (Month, Day, Year) 7-12193

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AL HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hour after death. Page 6 may be retained by the host	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		DATANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93	37389
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH
	JAMES	ALLEN WISNER			12 21	93	4:10 P. M
	4. SOCIAL SECURITY NUMBER		8604	UNDER 1 YEAR   IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04 26	6. BIF	ITHPLACE (State or Foreign INTY) IARYLAND
	216-30-5153  9a. FACILITY NAME (If not institution, give:	4 - 50	YRS.	CITY, TOWN OR LOCATION OF D			
Œ	Pa. Process Remarks for not manager, give :	weet and number)	90.	BALTIMORE	EATH	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT			BABILITORE			
DIRECTOR	MADYT AND	Y		WN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER			BALTIMORE  101. ZIP CODE		40. 01717711 01	t X YES 2 NO
RA	3502 KESWICK	Z ROAD		21211		US	F WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No.— 14. RA	ACE — American Indian.
BY F	1 Never Married 2 Married	FORCES? 1 YES		If yea, specify Cuban, Maxic 1 ☐ YES 2 ☑ NO Speci	en, Puerto Ricen, etc.)	BI	ack, White, atc.
	3 Widowed 4 Divorced	1					WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	18b. KIND OF BUS	INESS/INDUSTRY	
PE	Elementary/Secondary (0-12) 8TH	College (1-4 or 5 +)		ENCE PERSON	COMAR	APTS.	
₩ O	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden S		
BE C	JAMES NOAH WISN	<b>IER</b>		HI	LDA PAULINE	STIFFL	ER
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	
F	CHARLES WISNER		3349 C	HESTNUT AVENU	E, BALTIMOR	E, MARY	LAND 21211
	20a. METHOD OF DISPOSITION  1	noval from State cemet	PLACE AND DATE OF DI	ilaca)		ATION — City or	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		EEN MOUNT	CEMETERY 22. NAME AND ADDRESS OF F		imore,	Maryland
	→ a alan	1-+1)		A. ALAN SEIT		RAT. HOM	E 21211
	1 - 1 / 2			3818 ROLAND	AVENUE. BAL	TIMORE.	MARYLAND
-	IMMEDIATE CAUSE (Final	e. Respiration	CONSEQUENCE OF):	3. Tyre		atory strest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	CONSEQUENCE OF):	cell lyzy c			1271000
PHYSICIAN: MEDICAL	Squarous C	ell Cyrro	t not resulting in the	e underlying cause given ir	Part I. 24e. WAS AN A PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
YSI	1 TES 2 NO	1   Inpetient 2   ER/Outpet		HER: Nursing Home 5X Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJURY AT WORK?	26d. DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation	200 DI ACE OF IN HIPM	M. L	M 1 YES 2 NO			
TED	3 Suicida 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — building, atc. (Specify	- At nome, tarm, street	, lactory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLETED		ICIAN: To the best of my knowled					e(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIC			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
TO B	dittio	MUD		pyy	944	12.	122/93
	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prin	in Have	1-1		
	31. DATE FILED (Month, Day, Your) 23	1993 Guid	Kevidson Ban	we			



1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.
REGISTRAR	CERTIFICATE OF DEATH	REG.

93 37390

	1. DESEDENT'S NAME (First, Middle, Leet)	wall		2. DATE OF DEATH DAY	93 8,20°
0R	070-40-3533 1 M 2 F 4	In yrs. lest birthdey)  YRS.  WONTHE  PARE  Ph. CIT	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) - 4(	e. BIRTINPLACE (State or Foreign Country)  North Carol  OUNTY OF DEATH
DIRECTOR	10a, STATE 10b, COUNTY	10c. CITY, TOWN	LOCATION		10d, INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	3508 LYNCHESTER	Rd.	101. ZIP CODE 21215		USA
B	11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DÉCEDENT EVER IN FORCES? 1 YES  13. Wildowed 4 Divorced  15. WAS DÉCEDENT EVER IN FORCES? 1 YES  IF YES, GIVE WAR OR DA	2 XNO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica  1 YES 2 NO Specify		- 14. RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS/	INDUSTRY
ed at once. BE COMPL	12 th A.A. Degree  17. FATHER'S NAME (First, Middle, Last)  Bryant Wall	e Registe		<u>  Medical</u> ME (First, Middle, Maiden Surnam Ouise Myric	
be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Bryant Wall	3508 Ly	s (Street and Number or Rural F nchester R	Route Number, City or Town, State, d. Balto.,	Zip Code) Md. 21215
examiner must b	1/2 Burial 2 Cremetion 3 Removal from State com			tery North	- City or Town, State Carolina
	Democ C. J.  23. PART I. Enter the diseasea, or complications that caused			eights Ave.	C. Jones F.H Balto., Md
mental systems prof to busine, contactor, or terrorally, or other traumatic event, the medical LCERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	model market	Splume Jiros Dhe	Interval Bets Onset and E
hows any inju	PART II. Other algnificant conditions contributing to death be	ut not resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO
ed, or Item 23 a PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (Ch	ack only one)	
- 44	1 VES 2 NO 1 Inpetient 2 ER/Outp  27. MANNER OF DEATH  1 Retural 5 Pending  1 Inpetient 2 ER/Outp  (Morth, Dey, Veer)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED
Z8 IS	2 Accident investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY building, stc. (Special Coulding)	— At home, ferm, street, fac		281. LOCATION (Street and Num City or Yown, State)	nber or Rural Route Number,
불물	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowl one)  2 MEDICAL EXAMINER: On the best of examination				
TO BE COM	296, SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	18ER 29d, C	PATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	10 OLD Con	+ ROst	201 Gend	Alphon MD 2113
10	DEC 231993	ATURE		/	

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<b>IMORE, MARYLAND 21215-0020</b>	Page 6 may be retained by the hospital or attending physician	ched
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TO BE COMPLETED BY FUNERAL DIRECTOR

VISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OF ATTEMPTS PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

FOR STATE REGISTRAR	STATE OF I			RTMEN				MENTAL HYGIEN		3 3	739
1. DECEDENT'S NAME (First, Middle, Las	0							2. DATE OF DEATH	MY	YEAR	3. TIME OF DE
FENTRESS C	LAY AYE	RES							22	1993	0345
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRTNI Country	PLACE (State or
215-07-8467	1 💢 M 2 🗆 F	96	YRS.	MONTHS	DAYB	HOURS	MIN.	June 7, 1	897	Mar	yland
9a. FACILITY NAME (If not institution, give	e atreet and number)	Aut. Tellin		9b. CITY	, TOWN	OR LOCAT	ION OF D	EATN	9c. CO	UNTY OF DE	EATN
Greater Baltimor	re Medical	Center			Cows	on			Ba	1timo	re
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	П		10c. CD	TY, TOWN	OR LOCA	TION					10d. INSIDE CI
Maryland			110	Balti							LIMITS?
10e. STREET AND NUMBER					10	f. ZIP COD	Œ		10g. CI	TIZEN OF W	HAT COUNTRY
4509 Roland Ave	enue					21210	О		U	.S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2 1		- 3	If yes, sp		an, Maxic	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No-	14. RACE Black Specif	— American in White, etc. y:
15. DECEDENT'S EL (Specify only highest gra		18a. DE	CEDENT'S	S USUAL O	CCUPATI	DN	la a	16b. KIND OF BU	SINESS/IN	NOUSTRY	MITT CE
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT L	nt Vi				t U.S.F.	S. C		
17. FATHER'S NAME (First, Middle, Last)	3 years	2100	Loca	IIC V	LCC .			AME (First, Middle, Maider			
Ernest Avres								e Sisson	,		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street I			Route Number, City or Tov	vn. State. I	(in Code)	
Sophie Ayres (	(wife)		4509	Rola	and .	Aven	ue,	Baltimore,	MD	21210	
20a. METHOD OF DISPOSITION 1	moval from State	20b. PLACE / cemetery, cre					mber	23, 1993 Bal			
Thomas Jose	esoph De	of						defeld Hom Baltimor			12
23. PART I. Enter the diseases, D shock, or heart fellun IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications the	se on each line	ip	Inot enter	the mo	ode of dy	/Ing, suc				Approxisinterval Onset as
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b	OR AS A CONSEI	DUENCE C	10 m	no	fes a	,10	ung ca	ne	er	
PART II. Other algnificant conditi	pna contributing to		resulting	In the u	nderlyIn	g cause	given ir	Part I. 24a. WAS AI PERFO	RMED?	246.	WERE AUTOPSY AMILABLE PRIC COMPLETION OF

					1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL: 1 Description 2 ER/Outpatient 3					
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCUR	ED	
3 Suicide e Could not be determined	28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number City or Town, State)			28f. LOCATIDN (Street and Number or F City or Town, State)	lural Route Number,	
29a. CERTIFIER 1 CONTIEVING DAVS	HCIAN: To the best of my knowledge, de	orth consumed at the	the discount along and d			

290. CENTIFIE	1 OMOTIEVINO DUVOICIAN. To the head of an insulation of all the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
(Check onl	PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
one)	2 MEDICAL EVANIAGE. On the horized completion and/or broadle to the horizontal to the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the horizontal and the hor
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

30 Junean mo	024732	►/2/22/53
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM, 27) (Type, Print)	11 0 1	,
	eville, Md.	21093
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	/	
DEC 271993 Steinten Russe		
DEC 2 11333		

3. TIME OF DEATH

0345 8. BIRTNPLACE (State or Foreign Maryland

10d. INSIDE CITY LIMITS? 1 X YES 2 ND

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

14. RACE — American Indian, Black, White, etc.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI	93	37398
CERTIFICATE OF DEATH REG. NO.		

	1. DECEDENT'S NAME (First, Middle, Last				F DEATH	2. DATE OF DI		3. TIME OF DEA
	Ann H	Arnold	91/110			Dec 2	23, 93 Y	4:30
	4. SOCIAL SECURITY NUMBER 213-20-9719	5. SEX 6. AGE (	(In yrs. lest birthday)	MONTHS DAY		7. DATE OF BI (Month, Day,	Year)	BIRTHPLACE (State or I
	De. FACILITY NAME (If not institution, give	street and number)	0,5	9b. CITY, TOW	N OR LOCATION OF D	Dec. 2	9c. COUNTY	Pennsylv OF DEATH
OR	l Russell (	Court		W	loodlawn			Baltimore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ΤΥ	10c. CI	ITY, TOWN OR LO	CATION			10d. INSIDE CIT
		Baltimore		Woodl	awn			LIMITS?
RAL	1 Russell Cou	ırt			101. ZIP CODE 21 20 7			S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yea,	DECENDENT OF HISPA specify Cuban, Mexic (ES 2 X NO Speci	an, Puerlo Rican,	ecify Yes or No- 14.	. RACE — American Ind Black, White, atc. Specify: White
ED	15. DECEDENT'S ED (Specify only highest gred			'S USUAL OCCUP		16b, KIND	OF BUSINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				
OME	12 Years 17. FATHER'S NAME (First, Middle, Lest)			Housewi		AME (First, Middle,	Maiden Surname)	
TO BE C	Zep	Hunter				Elsie		nown
	19a. INFORMANT'S NAME (Type/Print)						ly or lown, State, Zip Co	
	Mrs. Maria Zilln		1 Rus	sell Co			Maryland	21207
	1 Burial 2 Cremetion 3 Red 4 Donetion 6 Other (Specify)		netery, crematory or arroll C			12/24		ad, Maryl
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME	ANO AOORESS OF F	ACILITY	Director	
	Mahak	n Charle		LOLI	ing Dycho	Tunclar	DITECTOL	o, Tile
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e	ach line.	not enter the	mode of dying, au			Approxir
RTIFICATION	immediate cause (Final disease or condition	DUE TO (OR AS A	ach line.	Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot enter the Onot e	mode of dying, au			Approxim
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition.  PART II. Other algnificent condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. 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DESCRIBITED City or Towns 10 the cause(a) the time, date and s	WAS AN AUTOPSY PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR  (Street and Number or m, State)  And manner as stated.  Diece, end dus to the c	24b, WERE AUTOPSY AMRLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDIC	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. Suited the sufficient conditions are sufficient conditions. 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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OF TENTING HYSICIAN: The law requires that the death certificate be executed within 24 hours after death	on the courtest of complete to conferre has been comed by the attendion objection and completely filled in by the force
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	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		IENTAL HYGIEN REG. NO.	E 93	3/393
	1. DECEDENT'S NAME (First, Middle, Last) MURRAY		ALSTON				22, 19	
	4. SOCIAL SECURITY NUMBER  150-60-5847  Be. FACILITY NAME (If not inetitution, give	1 X M 2 □ F	E (In yrs. last birthday)  YRS.	MONTHS DAYS  9b. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  8-28-62  ATN		ewark, N.J.
стов	THE JOHNS HO				MORE CIT	-γ		
L DIRE	MD  106. STREET AND NUMBER	<u> </u>		timore			10a CITIZEN	10d. INSIDE CITY UMITS? 1 X YES 2 NO OF WHAT COUNTRY?
ERA	5779 Cedonia A	Ave.			21206		U.S	
BY FUNERAL	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (10	Il yes, spe		C ORIGIN? (Specify Yee , Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify:
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during mos	N t of working	166. KIND OF BUS	SINESS/INDUST	
BE COMPL	12th 17. FATHER'S NAME (First, Middle, Lust) James Alston		Haine	enance	ts. MOTHER'S NAM	E (First, Middle, Maiden		
2	James Dewis A.	lston				ean Town		
	20e. METNOD OF DISPOSITION 1 Metric 2 Committee 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEDAL SERVICE LI	noval from State	ob. PLACE AND DATE Of the metery, crematory or of the Ri	dge Cel 22. NAME AN	m 12	/28/93Ea		wn, N.J.
	23. PART I. Enter the diseases, or ahock, or heert failure.	complications that cause on	ed the beeth. Do n	451	7 Park	Heights	Ave.	Baltimore, M
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hemo	Those of a consequence of	);				Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Back	ALDS	In	r for	Pc Pre	Smon	4 Days
AL	PART II. Other significent condition			n the underlying	cause given in F	Part I. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
: MEDIC	No pare					1 YES 2	D NO	OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Ø inpatient 2 □ ER/O	utpatient 3 DOA	OTHER:	ACE OF DEATH (Che			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	) INJ	M 1 🗆 Y	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	ED
	3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, larm, a pecify)	treet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or R	turel Route Number,
O BE COMPLETED	toneon only	SICIAN: To the best of my kn						use(a) and menner sa stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	30%	MD Ph	0	29c, LICENSE NUM	BER 3	≥ 12 €	GNED (Morith, Day, Year)
	30 MAME AND ADDRESS OF PERSON W	HOLD MD	1. 0 -	uns Ho	plens	Hospitel	Bul	h'mo
	DEC 2 71993	Juli tiens	sen Rudall					

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L.R.B.

METAL EMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the forms after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 INDUSTRANT. If Item 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TIME ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

ITEMS: 23	PART	I,	27,	28a-f,	PER	MEO	FILM	G-707	1/7/94	t.t
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37394 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE REG. N		37394
1. DECEDENT'S NAME (First, Middle, Las	LAVERNE		ANDREZ	JC SI	2. DATE OF DEATH MONTH 12 20	1993 YE	3. TIME OF DEATH 10:15A
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
228-70-1720	1XXM 2 □ F 43	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 21	, 1950	Virginia
9s. FACILITY NAME (If not institution, gi		9	b. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY	OF OEATH
116 MOUNTAIN RO		11126	JOPPA			HARF	ORD
10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	rford		ժօթթ	3			1 YES 2XXNO
10a. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?
116 Mountain Rd				21085		US	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, OIVE WAR OR D	2 NO	If yes, spe	elfy Cuban, Maxica 2 XNO Specif	NIC ORIGIN? (Specify ) an, Puerto Rican, atc.) y:	es or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed	16a. DECEDENT'S US	SUAL OCCUPATION done during mos		16b. KIND OF B	USINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT use i	retired.)		A North		
llth grade		low ire	ock Dri				
17. FATHER'S NAME (First, Middle, Last) Paul Weaver And	Toule				ME (First, Middle, Maide	,	
19a. INFORMANT'S NAME (Type/Print)	16M2	T 10h MAN INC A	DDBESS /Small		e Mae Kni Route Number, City or R	-	
Paul W. Andrews					onburg, V		
20a. METHOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. L	OCATION — City	or Town, Stata
1 Burial 2XXCremation 3 R 4 Donation 5 Other (Specify)	a movel from State	etro trema	tory,	Inc. 12-	23-93 Ba	ltimore	, Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	O ADDRESS OF FA	CILITY		
▶ 6. J. Kask	cala June	Cell Hom E	111750	Lassahn Relair F	Funeral H	ille M	ld 21087
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ъ	INTOXICATION CONSEQUENCE OF):	ON				
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other significant condit	ions contributing to deeth b	out not resulting in	the underlying	cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMBILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 \( \sqrt{N} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)		
1 YES 2 NO	HOSPITAL: 1   Inpatlant 2   ER/Out		THER:	5 Fil Residence	6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	FOUND FOUNDER	OF 28c. INJ	JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Natural Canding Investigation	n 12-20-93	8:50 /	1 U 1	ES 2 NO	UNKNOWN		
3 Suicide 6 XXCould not	parionalit ares (obo-	cny)	et, factory, office		261. LOCATION (Street City or Town, State	nt and Number or I	Rural Route Number,
4 Homicide determined	FOUND: F	RESIDENCE			FOUND:116 M	OUNTAIN R	OAD, JOPPA, MD.
one)	YSICIAN: To the best of my know						succ(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTI	FIER M			29c. LICENSE NU		1900	GNED (Month, Day, Year)
Dernis	L. Cluste no			O.C.M	.E.	12/2	21/1993
30. NAME AND ADDRESS OF PERSON				Baltimo	re, Maryla	and 212	201
DEC 27 1993	REGISTRAR'S SIGN	ATURE					

HERE A R

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE	ter death. Page 6 may	the funeral director, pa

IVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within fours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the first within 70 hours after death with the Certa flow of Mantel Harings after the house after the remarking or proposal.	IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
PITAL	RAL	# 12
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las			-	ICATE	UF	DEA	In	2. DATE	REG. NO			37395
1, 15	MARGARET	C.		EIS	KER				MONTH	Dec 2	1 198	93YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-30-5939	5. SEX	6. AGE (In yrs. ia	et birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE (Month)	h 23, 1	898	Cour	HPLACE (State or Foreign stry).
S.	Saint Joseph Hospital				96. CITY, TOWN OR LOCATION OF DEATH TOWSON, Marylan				EATH	9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland 106. COUNTY				Baltimore City					10d. WISIOE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 6000 Bellona Ave	enue					21212				10g. Cf		WHAT COUNTRY? S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	RMED NO	MED  13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:			n, Puerto Rican, etc.) Blac			CE — American Indian, ck, White, atc.			
윤	15. DECEDENT'S Et (Specify only highest gra				USUAL OC			na	16b.	KIND OF BU	SINESS/IN	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	(0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.)  Homemaker					Own Home			
00	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden	Surname)		
BE	George		Voe1					nere					ueller
10	994. INFORMANT'S NAME (Type/Print)  Sr. M. Laurentir	ne Voelker								er, City or Tow			and 21212
	206. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 2 Ob. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) 4 Donation 6 Other (Specify)  206. LOCATION — City or Town, State 206. LOCATION — City or Town, State 207. Part of the place of cametery described by the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of th												
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  John G. Reitz (M-00804)  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212												
	ahock, or heart fellule. List only one ceuse on each line.										Approximate interval Between Onset and Death		
TION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	EOUENCE OF):											
CEI		d											
MEDICAL	CEREBRAL THROMBOSIS  ARTERIOSCI EROTIC CARDIOVASCI LAR DISEASE												
	1 VES 2 740												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	1 TES 2 00	YES 2 00 1 1 depetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)											
ву Рн	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE Of (Month, L	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO			] NO	28d. DEŞCRIBE HOW INJURY OCCURED						
8	3 Suicide 8 Could not b	28s. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, facto	ry, offic				ATION (Street or Town, State)		er or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and menner as stated.												
					,	unti U			e, det	piece, ar	vui 10	-110 04040	\-, -:::
BE CO	29b. SIGNATURE AND TITLE OF CERTIF	TER						ENSE NUI					D (Month, Day, Year)

31. DATE FILEO (Month, Day, Year)

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CEREBRAL THROMBOSS ARTERIOSOLEROTIO DARDIOVASOLALAR DISEASE

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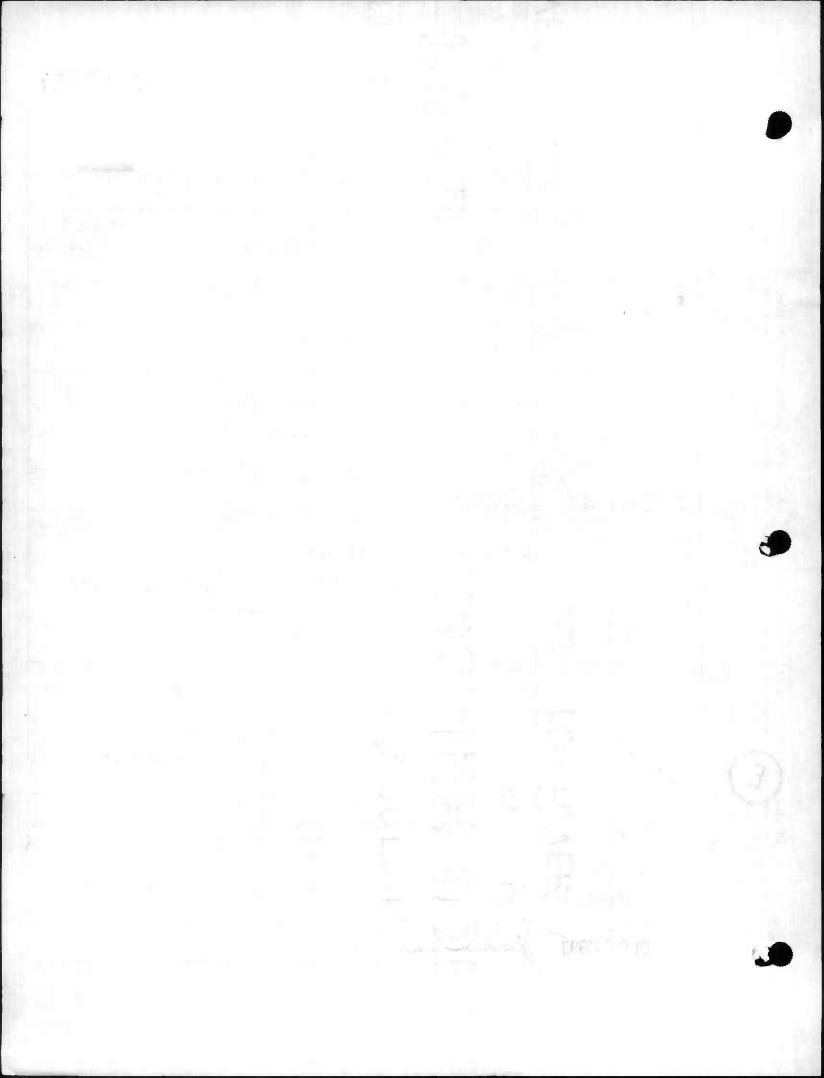
	1. DECEDENT'S NAME (First, Middle, Last)	V	CERTIFICATI	REG. N		3. TIME OF DEA					
	CLARENCE  4. SOCIAL SECURITY NUMBER	BOWMAN  5. SEX  6. AGE (In vis.	VR.			ECEMBER 22,1993 7:44					
	1. 17-68-8785	5. SEX 8. AGE (In yrs. )	YRS. IF UNDER	DAYS HOURS MIN	Aldanth Day Mand		BIRTHPLACE (State or F.				
_	Se. FACILITY NAME (If not institution, give :			TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH				
CTOR	THE JOHNS HOP	ТҮ									
2	10g. STATE 10b. COUNT	Y	10c. CITY, TOWN	OR LOCATION		10d. INSIDE					
L DI	100. STREET AND NUMBER		1 DAL	101. ZIP CODE		10g, CITIZEN OF WHAT					
FUNERAL	1614 N. Mo.	Mord Au	ie,	212	13	U.	5,A				
F	11. MARITAL STATUS  1 Never Married 2 Married	17. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	NO	If yes, specify Cuban, Mar		fes or No- 14	. RACE — American Ind Black, White, atc.				
ВУ	3 Widowed 4 Athrorced	IF YES, GIVE WAR OR DATES		1 TYES 2 1 THO Sp	solfy:	South: Ack					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Greek kind of work done during most of working  Jile, Do NOT use natired.)  16b. KIND OF BUSINESS/INDUSTRY										
PLE	Elementary/Secondary (0-12)										
COMPL	17. FATHER'S NAME (First, Middle, Last)	Ra		18-MOTHER'S	NAME (First, Middle, Mald	on Surname)					
BE	19a, INFORMANT'S NAME (Type/Print)	- Sowne	THE MAILING ADDRESS	Street and Number or Bu	ral Route/Number, City or 3	JONI State Zin Co	500				
2	mrs. TRene	Yowell	16141	1. Monto	rdAve, B	Alto	md 21				
	20a. METHOO OF DISPOSITION 1 Deurial 2 Cremation 3 Rem	noval from State	E AND DATE OF DISPOS	HTION (Name of	7 DATE 20c.	LOCATION City	or Town, State				
4 Donetton 6 Other (Specify)  21. SININATO IE OF FUNERAL SERVICE LICENSEE  22 NAME AND ADDRESS OF FACILITY  23. SININATO IE OF FUNERAL SERVICE LICENSEE											
	areal L. Vienni Joseph Likuss I- uneyal ho										
	23. PAUT I Enter the diseases, or shock or heart feliure	complications that caused the Liat only one cause on each ii	death. Do not enter	the mode of dying,	such as cardisc or res	piretory arrest	I, Approxim				
	iMMEDIATE CAUSE (Finel disease or condition	Ciat only one course on esc	ne.	1			Interval E Onset sn				
	resulting in death)	B. DUE TO (OR AS A CONS	SEQUENCE OF):			20 m					
Z	Sequentially list conditions,	HIV +									
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
CERI	resulting in death) LAST	d									
CAL	PART ii. Other significant condition	ns contributing to death but no	t resulting in the u	nderlying cause given	in Part i. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b, WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF				
MEDIC					1 [] YES	_ 1 _ YES 2 (DANO					
							1   YES 2				
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
ICIAN	1 YES 2 NO	28b. TIME OF	aing Home 5 Residen		Specify) RIBE HOW INJURY OCCURED						
HYSICIAN	27. MANNER OF DEATH	28s. DATE OF INJURY	INJURY	WORK?	Edd. 9295/82 Fig. 1800/19 9500/129						
3Y PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Year)	M	1 YES 2 NO							
BY	1 Natural 5 Pending	(Month, Day, Year)	M		281. LOCATION (Stree City or Town, Ste	et and Number or te)	Rural Route Number,				
ED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	(Month, Dey, Year)  26e, PLACE OF INJURY At building, etc. (Specify)	home, farm, street, fac	ory, offica	City or Town, Ste	to)					
ED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIEN 1 CERTIFYING PHYS	(Month, Day, Year)  26e, PLACE OF INJURY At	home, farm, street, fac	lory, office	City or Yown, Ste	senner as stated,					
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIEN 1 CERTIFYING PHYS	(Month, Dey, Year)  26e. PLACE OF INJURY — At building, etc. (Specify)  SICIAN: To the best of my knowledge,	home, farm, street, fac	lory, office	City or Yown, Sta	nanner as stated, and due to the c	ause(s) and menner as				
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIEN (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIE	(Month, Dey, Year)  26e. PLACE OF INJURY — At building, etc. (Specify)  SICIAN: To the best of my knowledge, Etc. On the best of axamination and/o	death occurred at the I	ima, data and place, and opinion, death occured at	City or Yown, Sta	nanner as stated, and due to the c					
COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	(Month, Dey, Year)  26e. PLACE OF INJURY — At building, etc. (Specify)  SICIAN: To the best of my knowledge, Etc. On the best of axamination and/o	home, farm, street, factions, farm, street, factions occurred at the for investigation, in my of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of	ima, data and place, and opinion, death occured at	City or Yown, Sta	nanner as stated, and due to the c	ause(s) and manner as				

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	die, Lest)			CERTIF						REG. NO	DAY	PASY	3. TIME OF DEATH
Darrick B	utler								De	cember		1993	1:29 A.
SOCIAL SECURITY NUMBER	5. S	EX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRT	HPLACE (State or Foreign
578-90-1245	1 🖔	≬M 2 □ F	32	YRS.	MONTHS	DAYS	HOURS	MAIN.	Ju	ly 29,	1961		hington D.
. FACILITY NAME (If not institut	ion, give street a	nd number)	100					ON OF DE				NTY OF I	HTAS
Gift Of Hop					Ba:	ltim	ore,	Mar	yla:	nd		N/A	
ESIDENCE OF DECED	L COUNTY		_	10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
Maryland	N/A			Ba1	timo	re,	Marv	1and					LIMITS?
De. STREET AND NUMBER						_	. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
818 N. Colli	ngton A	Avenue					21	205				USA	
. MARITAL STATUS	12.	WAS DECEDEN	T EVER IN U.S.	ABMED	13. \	MAS DEC	ENDENT	OF HISPAN	IIC ORIG	IN? (Specify Y	es or No-	14. RAC	E — American Indian, et, White, etc.
Never Married 2 Men Widowed 4 N Divorced	repti		YES 2	_4MO				Specify		o Rican, etc.)	711	Spec	elly:
									_				Black
(Specify only hig	hest grade comp	N leted)	16e.	(Give kind of life, Do NOT u	work done o	CCUPATH during mo	DN ast of world	ng	1	Bb. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)		lege (1-4 or 5	+)							IInle	m ot m		
Unknown 9". FATHER'S NAME (First, Middle				Unkr	IOWII		40 1107		15.05	UIIK , Middle, Maide	nown		
										afford			
Roger Butler				19h MAII 204	ADDRESS	(Streat				mber, City or To		n Codel	
Sr. Pietra				818 N						Baltim			21205
SI PIECIA			20h. PL /	CE ANO DAT				AVC			OCATION -		
□ Buriel 2 □ Cremation □ Donation 5 □ Other (Spe		rom State	of cemel	Carn	or other	emet	erv		1	/21 Ba			
23. PART I. Enter the disea shock, Dr haard MMEDIATE CAUSE (Final disease or condition eaulting in death)	aea, or comp fallure Liat (	oply ona ca	olor AS A CON	ilna.	F	the mo	ict				piratory a	rest,	Approximate Interval Betw Onset and D
sequentially list conditions f any, leading to immediat ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	0	DUE TO	O OR AS A CON	SEQUENCE (	<u>Μ</u> Μ (μ ) Ph:	inol	1 FF	ici	nce	) In	Acon	The C	14/23)
PART II. Other algnificant	conditiona co	ntributing to	death but n	ot resulting	in the un	nderlyin	g ceuse	given in	Part i.		ORMED?	24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
							105.05	DE ATU MA					
WAS CASE DEFENDED ***	EDICAL				1.00		LAUE OF	DEATH (Ch	OCK ONLY	one)	11	-	
5. WAS CASE REFERRED TO M	HC	SPITAL:	D Date of the last		OTHER						1 1		`00
EXAMINER?	HC	Inpatient 2	☐ ER/Outpetlen	-	4 🗆 Nur	sing Hor		lesidence	_	ther (Specify)	V INTIDA S		ice
EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 6 Pen	HC 1 □	Inpatient 2 28e. DATE O		28b. Til	4 🗆 Nur	28c. IN. W	JURY AT		_	ther (Specify) DESCRIBE HOV	V INJURY O		ice
EXAMINER?  1 YES 2 NO  7. MANNJER OF DEATH  1 Netural 6 Pen  2 Accident  3 Suicide 6 Cou	HO 1 -	26e. PLACE	F INJURY	28b. Til	4 - Nur ME OF IJURY	28c. IN. W	JURY AT DRK? YES 2		26d. 1	DESCRIBE HOV	et and Numb	CURED	Route Number,
EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 6 Pen  1 Accident  3 Suicide 6 Cou  4 Homicide dete  9e. CERTIFIER (Check only	ding stigation lid not be imfined	26e. PLACE building	FINJURY Day, Year)  OF INJURY — A  i, etc. (Specify)  of my knowledge	28b. Til ik t home, farm,	4 □ Nur ME OF JURY M street, fact	28c. IN. Wi 1 tory, offici	JURY AT DRK? YES 2	NO NO	261, t. C	DESCRIBE HOV  DCATION (Streetly or Youn, Steetlesse) and re	et and Number to)	or or Aural	

burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Most) DEC 2 71993

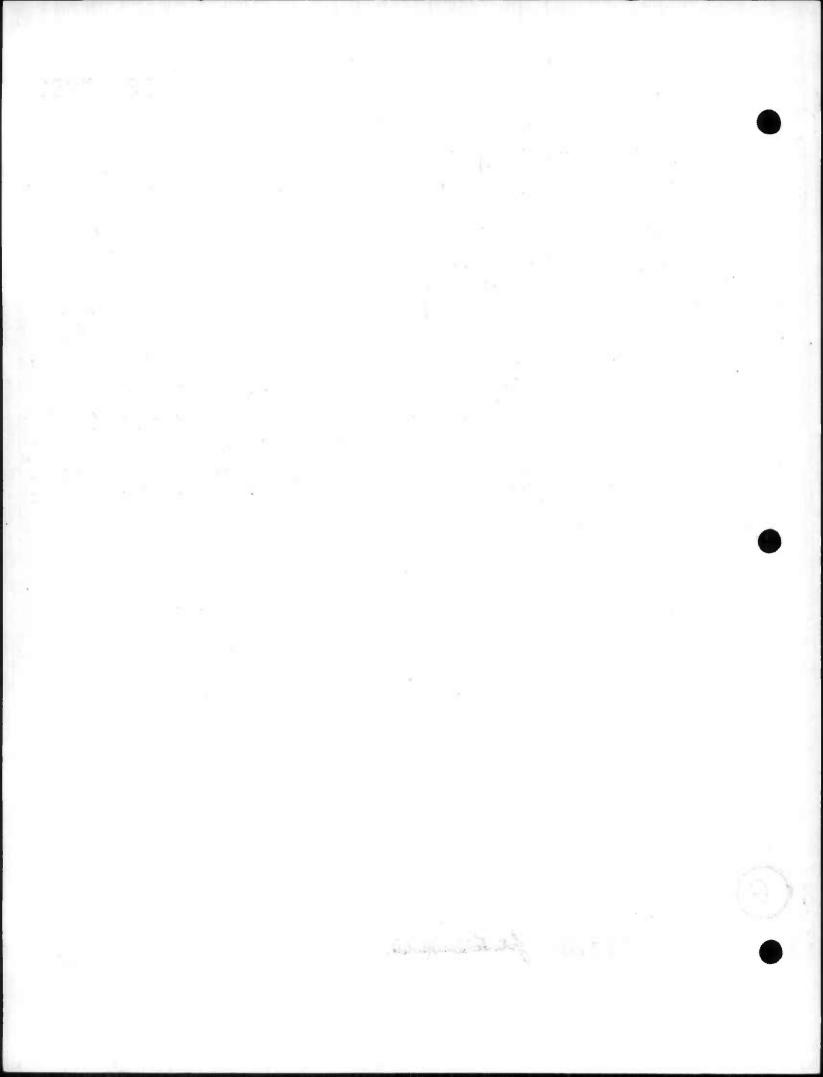


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-707 1/7/94 t.t

	1 - STATE REGISTRAR			OLITTI	IONIL	OF DEA	M	REG. NO	0.	3 3	
	t. DECEDENT'S NAME (First, MANTHONY	Jeror	ne		BELL			2. DATE OF OEATH MONTH 12 22	1993	YEAR	5:12
	4. SOCIAL SECURITY NUMBER 220-88-	2674 1 0 M 2 1	F 2	yrs. last birthday)	7	YEAR IF UNDE	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	13	8. BIRTNPLA	CE (State or Foreigh)
TOR	aa. FACILITY NAME (If not instit	OSPITAL	r)			'ALLST		ATH		RFORI	
DIRECTOR	RESIDENCE OF DECE	OB. COUNTY Harf	ord	10c. C/	TY, TOWN OR	LOCATION 9EWL	nd			100	I. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	harlest	nwn	Driv	0,	10f. ZIP COL	DE 2/n/	1/0	10g. CITI	ZEN OF WHAT	1
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TO B	19a. INFORMANT'S NAME (Type	. 10	ning	196. MAILIN	G ADDRESS (S	hark	er or Rugil F	Poute Number City or To	wn, State, Zip	(m)	1. Md.
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	21. SIGNATURE OF FUNERAL S			· juj	22. NA	ME AND ADDRI	ESS OF FAC	CILITY A CAL	104	745,	1914/
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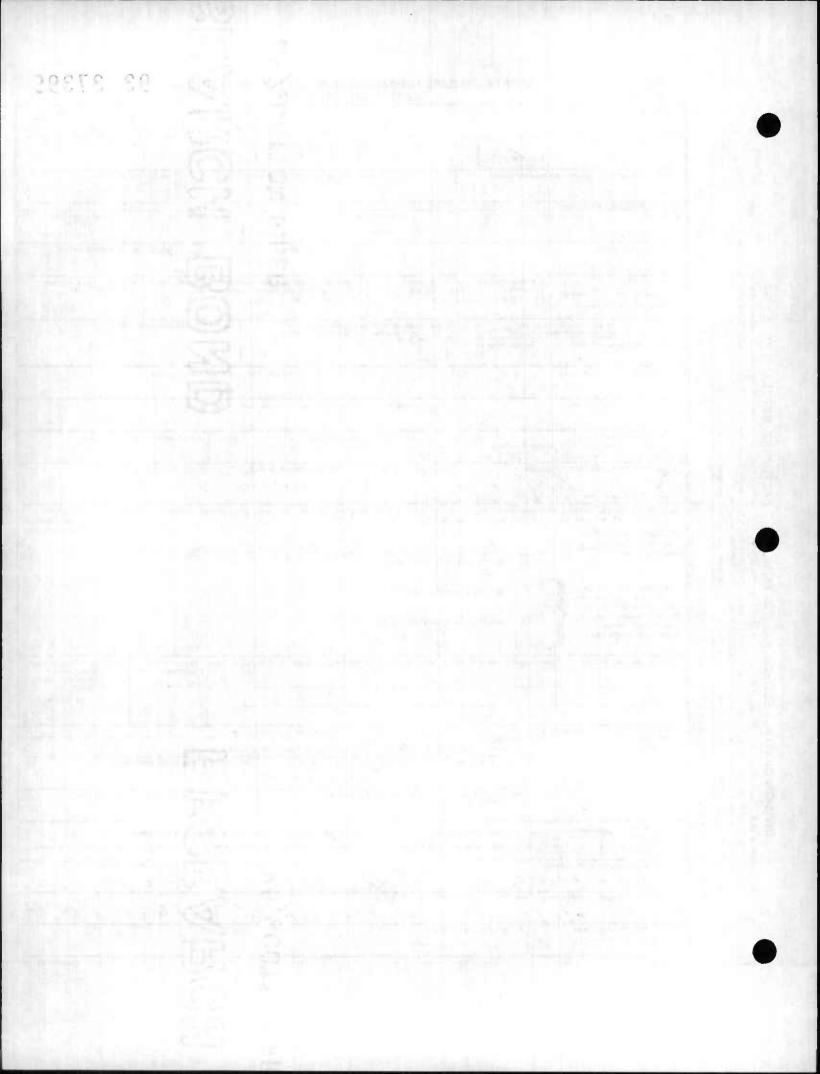
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.

37399 93

	1. DECEDENT'S NAME (First, Middle, Last)	Milton	130	Brown	2. DATE OF	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In )	yrs. last birthday) III	UNDER 1 YEAR IF UNDER 24 H		F BIRTH Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give a			. CITY, TOWN OR LOCATION	OF DEATH	9c. COUN	NTY OF DEATH
CTOR	Sea Pleasant Di	rive				Pri	nce George
DIREC	10a. STATE 10b. COUNTY	Y	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
SAL	10e. STREET AND NUMBER			101. ZIP CODE	137	10g. CITI	ZEN OF WHAT COUNTRY?
FUNERAL	No fixed addres	5 S 12. WAS DECEDENT EVER IN U	I S. ARMEN	13. WAS DECENDENT OF H	COANIC ODICINA	/Specify Weeks No.	14. RACE — American Indian,
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES  IF YES, GIVE WAR OR DATE	2 NO	If yes, specify Cuban, M	exican, Puerto Ric		Black, White, etc.  Specify:  Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 11 completed) Coffege (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b, K	CIND OF BUSINESS/IND	USTRY
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER	S NAME (First, Mic	ddle, Maiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) DME		19b. MAILING AD	DRESS (Street and Number or I	tural Route Number	r, City or Town, State, Zip	Code)
	20a. METHOD OF DISPOSITION 1  Burlal 2  Cremation 3  Rem			HSPOSITION (Name of	DATE	20c. LOCATION — (	City or Town, Stata
	4 Donation 5 Other (Specify) 1 1)	state remo					
	SIGNATURE OF FUNERAL SERVICE LIC	ENSERONALD Wa	de, Dir	655W.Balti			-
	ahock, or heert failure.	epmplications that caused to List pnly one cause on each	he deeth. Do not h Ilna.	antar the moda of dying,	such ea cerdia	ac or respiratory erro	est, Approximate interval Betwood Onset and D
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ERTIFICATION	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate	a. COLUMN TO LOR AS A CO	OMBEQUENCE OF)	antar the moda of dying,	Such ea cerdia	ac or respiratory error	est, Approximate interval Betwood Donset and D
MEDICAL	shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):	lie ear	n in Part I. 2	P.4a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1 YES 2 NO
MEDICAL	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):	he underlying cause give	n in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
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BY PHYSICIAN: MEDICAL	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE RESERRED TO MEDICAL EXAMINERT  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)	26. PLACE OF DEAT THER: Nursing Home 5 Reside F WORK? M 1 YES 2 Ni pl, factory, office	n in Part i. 2  If (Check only one) once 6  Other (  28d, DESC  28f, LOCAT City or	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 7NO  Specify)  RIBE HOW INJURY OCC  FION (Street and Number Town, State)	24b. WERE AUTOPSY FIND AWALABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO  CURED  Or Rural Route Number,
PHYSICIAN: MEDICAL	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE RESERRED TO MEDICAL EXAMINERT  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	DUE TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO (OR AS A COME TO	ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)  ONSEQUENCE OF)	26. PLACE OF DEATH THER: Work? M 1 YES 2 N el, factory, office	n in Part I. 2  H (Check only one)  ance 6 Other (  28d. DESC  28f. LOCAT City or	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  Specify) RIBE HOW INJURY OCC FION (Street and Number Town, State)	24b. WERE AUTOPSY FIND AWALABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO  CURED  Or Rural Route Number,



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first fine of may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON

32. REGISTRAR'S SIGNATUR

31. DATE FILED (Month, Day, 1697)

TO BE COMPLETED BY FUNERAL DIRECTOR

. DECEDENT'S NAME (First, Middle, Las	)							2. DATE OF			FAR	3. TIME OF D	EATN
RANDOLPH		BOYL	)		5			12	04	93	FAR	1400	P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	VRS.	IF UNDE	DAYS	HOURS 1	HRS. MIN,	7. DATE OF I		8.	BIRTHE	PLACE (State of	Foreign
a. FACILITY NAME (If not institution, give	atreet and number)	7.7		9b. CIT	Y, TOWN O	R LOCATION	OF DE	ATH	9	c. COUNTY	OF DE	ATN	
617 NORTH CALHO	OUN STREET	Г	3.24	BA	LTIM	DRE C	ITY				1	na	
esidence of Decedent	77												
					OR I OCATI							10d. INSIDE C	
Maryland Maryland	na		Ва	1111	more	ZIP CODE		-		0.00000	05.111	1 YES 2	
617 N. Calho	un Ctro	- +			101.	ZIP CODE			"	og. CITIZEI	N OF W	HAT COUNTRY	7
1. MARITAL STATUS	12. WAS DECEDEN		ARMED	12	WAS DECS	MOENT OF	HICOAN	IC OBIGINS AS	specify Yea or	No. 14	DACE	American I	adlan.
☐ Never Married 2 ☐ Married	FORCES? 1	YES 2		13.	If yes, spe	city Cuban,	Mexicar	i, Puerto Rica		14		— American i White, atc.	naien,
☐ Widowed 4 ☐ Divorced	IF 1E3, GIVE	MIN ON DATES			1 🗆 TES	2 🗍 NO	Specify.				Specify	Bla	ck
15. DECEDENT'S Et (Specify only highest gra		16a.	DECEDENT'S	USUAL C	OCCUPATIO	N I of working		16b. Kill	D OF BUSINE	ESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT us	se retired.)	)	a or working							
7. FATHER'S NAME (First, Middle, Last)						18. MOTNE	R'S NAI	ME (First, Midd	lle, Malden Sun	name)			
											100		130
						and 4.6	Aural B	loute Number, I	City or Town, S	tate, Zip Co	ocía)		
			19b. MAILING	ADDRES	SS (Street an	nd Number or	1100				,		
ocme			196. MAILING	ADDRES	SS (Street an	nd Number of							
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OCM C  Documents of Disposition  Burlel 2 Cremetion 3 Re Donation 5 Other (Specify) 1	n state	remov.	CE AND DATE (	OF DISPO	SITION (Name)	me of	OF FAC	ursta	te An	ato	y or Tow	Board	1
OCME  Oc. METHOD OF DISPOSITION  Oc. METHOD OF DISPOSITION  Oc. Burlel 2 Cremetion 3 Re  Oc. Donation 5 Other (Specify)	n state	remov.	CE AND DATE (	OF DISPO	SITION (Name)	me of	OF FAC	ursta		ato	y or Tow	Board	
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who completed cause of Death (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

21201

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Dorothy B. Borg

DOROTHY

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DAYS 1 - M 2 - XF YRS. 112 10 8597 80 2-8-13 New York 90. FACILITY NAME (If not institution, give street and number)
83 Luther Drive permit, Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ravenwood Nursing Home DIRECTOR Hagerstown Washington Co RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY LIMITS? Washington County Maryland 1 YES 2 NO Hagerstown 100. STREET AND NUMBER Ravenwood Nursing Home FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE burial-transit 21740 USA 1183 Drive Luther the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🛣 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY /Snr Elementary/Secondary (0-12) COMPL Secretary & Homemaker 12 +17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) be retained by th Charles Elias Bathrick te Minnie Belle Munger 8 page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr Milton Borg 1134 LutherDrive, Hagerstown, MD 21740 å 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must director, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSER Offiald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy examiner funeral 655W, BaltimoreSt, Balto., MD21201 in by the for removal. medical 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or haart fallure. List only one ceuse on each line. Interval Between 6 filled Onset and Death IMMEDIATE CAUSE (Finel completely filled rial, cremation, the disease or condition Acute Cardiac Arr st resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com Acute M.I. CERTIFICATION Immodiat Sequentially flat conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to ending physician a I Hygiene prior to ADUVD Enter UNDERLYING Ya-rs CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 signed by the atte Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Severe Usteoarthritis any 1 YES 2 NO Shows 1 YES 2 NO been s has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL: OTHER:
4 Nursing Home 5 Realdence 6 Other (Specify) 1 YES 2 HO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with t marked. 1 Natural 6 Pending 1 YES 2 NO BY After t 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 8 Could not be 9 DIRECTOR: ) 4 Homicide determined 28 Ш lterm. 29e. CERTIFIER 1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL THE HOSPITAL (
THE FUNERAL C (Check only one) -TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED C Kang, wun B. Ni. 16 nia Ave., Hag rstown 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG DEC 27 1993 DHMH-16 Bey 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BORG

IF UNDER 1 YEAR IF UNDER 24 HRS.

BATHRICK

6. AGE (In yrs. lest birthday)

93

YEAR

93

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

Dec

37401

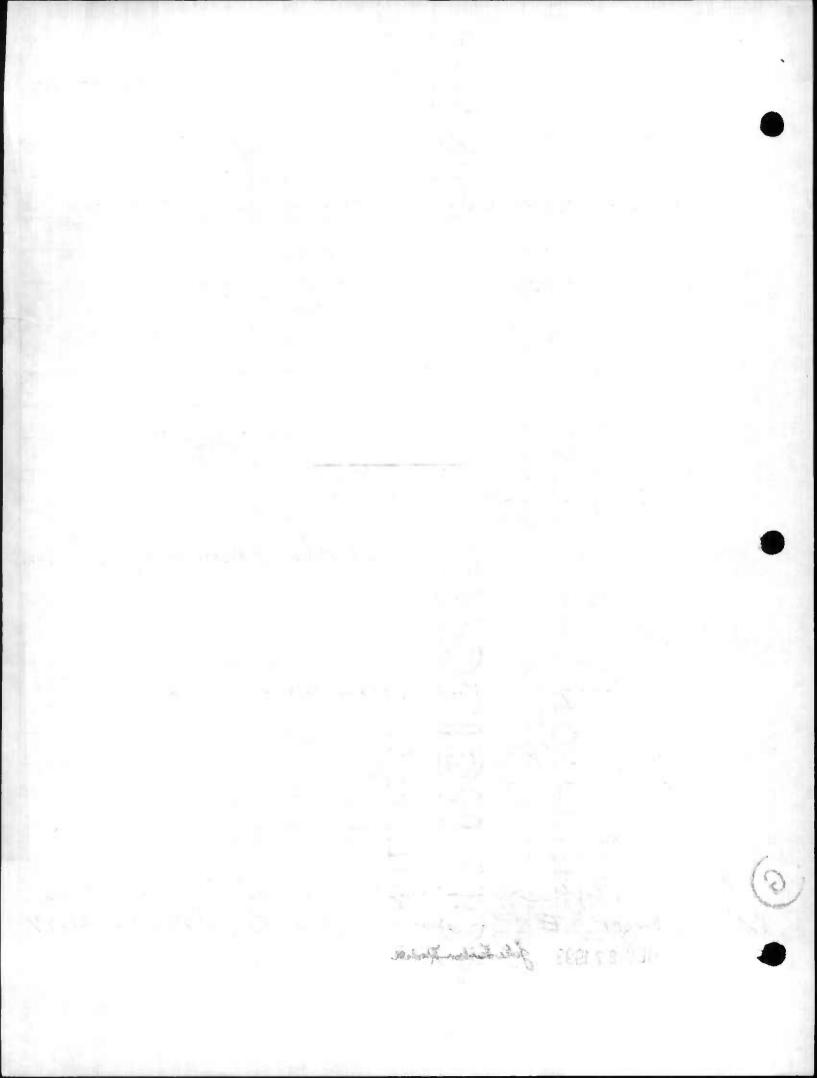
3. TIME OF DEATH

5:15pm

8. BIRTHPLACE (State or Foreign

THE BERTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

REGISTRAR  1. DECEDENT'S NAME (FI	ret Adichtle Leet			ERTIF					O DATE	OF OEATH	).	_	3. TIME OF GEATH
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4. SOCIAL SECURITY NU	MBER	5, SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS	7. DATE	OF BIRTH	7		HPLACE (State or Foreig
220-12-995	0	1 X M 2   F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	h, Day, Year)	926	Coun	ryland
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17. FATHER'S NAME (First, Joseph Br	Middle, Last)	or								Middle, Maider	Sumame)		
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23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death)	heart fallure	a.		death. Do	not ante	F. 750	Lass Bela	ahn ir B	Fune	ral Ho	ille	Md.	21087 Approximate Interval Bet Onset and D
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death certificate has been signed by the attending physician and completely filled in by the law of the death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. It is many 28 is marked or filter 73 shows any injury or other traumatic event, the medical and

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CERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ING ury	C	(OR AS A CONSE	-								
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MEDICAL	PART II. Other algniffc	ent conditio	na contributing to	death but not	reaulting	In the u	nderfyln	g ceuse	given in		PERFORM YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED 1	TO MEDICAL	1100001741					LACE OF I	DEATN (Ch	eck only one)			
PHYSICIAN:	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	esidence	6 Other (Sp	oecify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	26e. DATE Of (Month, C		28b. TH	ME OF	28c. (N. W	JURY AT ORK? YES 2	MA	28d. DESCRI	BE HOW INJ	JURY OCCURE	D
	2 Deviates —	Could not be determined	28e. PLACE ( building	of INJURY — At h	ome, farm,	street, fac	tory, offic	00			N (Street end wn, Stete)	d Number or R	ural Route Number,
COMPLETED	CONSULT OTHY		ER: On the basic of a							•			use(a) and manner as stated.
TO BE C	296. STRNATURE AND TITL	1	ring					0.	ENSE NU	28		12/	NED (Month, Day, Year)
	NAME AND ADDRESS OF	1 5	Suoss	us,	SU, 1	e. Print)	0/,	50	Scot	FAbr	as,	Certy	De ME ZIU
	DEC 2719		In the Series	ARIS SIGNATURE	4								



TO BE COMPLETED BY FUNERAL DIRECTOR

DIMSION OF VITAL RECORDS, P.O. BOX 68760,	"TO THE HI PITH CONTINUE PROSIDAN: The law requires that the death certificate be executed within	TO THE FLINE MALE THE TIME ALSO WITH CONTINUES TO SEED SIGNED by the attending physician and completely	be filed with the course of the course of the course of Health and Mental Hygiene prior to burial, crema	IMPORTANT If Nom 28 is marked, or Item 23 shows any injury, or other traumatic event,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PRINCING PRINCING: The law requires that the death certificate be executed within Four after death. Page 6 may be retained by the hospital or attending physician.  ECTOR Alter that entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  EXI IN THE LIGHT STATE AND A SHOWS ANY INJURY, or other traumatic event, the medical examiner must be notified at once.		Pages		
Through Physician; The law requires that the death certificate has been signed by the attending law death and Mental Hydier 28 in married, or Item 23 shows any Injury, or oth	scate be executed withis yours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be prior to burial, cremation, or removal.	er traumatic event, the medical examiner must be notified at once.
Throms Persician; The law requires that the de creates when the certificate has been signed by the a certification of Health and Meni 28 is married, or Hem 23 shows any Injury	ath certificate	ttending physic	rai rrygiene pn	, or other tr
THOUSE PHYSICAN: The law required to the law required to the the State Dopt. Of Ht. 21 is marted, or Item 23 show	es that the de	gned by the a	sam and men	amy Injury
ATTRIBUTE PHYSICAN: The CITY AND WINGSTER AND WIN THE STATE I WANTED, OF Item	law requir	s peen s	Dept. of H	23 show
CITY After this ce CITY After this ce are death with I 28 is marked,	AN: The	tificate !	le State	or Item
Z Z	NG PHYSIC	fler this ce	BERTH WITH I	marked,
	Офил	S. Contract	Š	28 18

DECEDENT'S NAME (First, Middle, Last	)	STATE OF					2. DATE OF DEATH		3. TIME OF DEATH
MY LEE	CHIN						DECEMBER 2	3.190	YEAR 02:30
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 Y	EAR IF UNDER 2	4 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
N/A	1 M 2 X F	1.57%	YRS.	MONTHS D	7 Hours	MIN.	Nov 16.19	03	Baltimore
FACILITY NAME (If not institution, give		1000		9b. CITY, TO	WN OR LOCATIO	N OF D			TY OF DEATH
THE JOHNS HOPK	INS HOSPI	TAL	1.0	BALTI	MORE CI	YT			
STATE 10b. COUN	TV		I en orre		00071041				T
200	timore		10C. CIT	Y, TOWN OR L	DUATION	1			10d. INSIDE CITY LIMITS?
STREET AND NUMBER	LINOLE				101. ZIP CODE			to- CITIZ	1 YES 25 NO
509 Castle Dr.						212			
MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	BMED	13 WEG			NIC ORIGIN? (Specify Yes		S.A.
Never Merried 2 Merried	FORCES?		NO	If ye	e, specify Cuben	, Mexica	in, Puerto Ricen, etc.)	or No-	Black, White, etc.
Widowed 4 Divorced	1 123, 3112	INN ON DAILS		'	YES 2XXNO	Specif			SpecifyOriental
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed			USUAL OCCU	PATION ng most of working		16b. KIND OF BUS	SINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5	Sid.	le. Do NOT us	e retired.)	ig most or working				
								111	
ATHER'S NAME (First, Middle, Last)	1 01				18. MOTH	ER'S NA	ME (First, Middle, Melden	Sumame)	
Byung Woo	ok Chun						Mi Yong		C
Mr. Byung Wook	Chun	1					Route Number, City or Tow.		
	. Criuri					ват	timore, Md.		
METHOD OF DISPOSITION  Burlel 2 Cremetion 3 - Re	movel from State	cemetery, ci	remetory or of	her place	ematory				ity or Town, Slate
Donation 5 Other (Specify)	I/Eueke	Gre	enmou		ematory			timore	e,Md.
SIGNATURE OF FUNERAL SERVICE	vest m	, Kra	4						
Robert M. Kr	atz MOO	344	3		6500 Yo	rk	defeld Home Rd. 21212		
. PART i. Enter the diseases, or shock, or heart felium				ot enter the	mode of dylr	ng, suc	h ss cardisc or respi	ratory srre	
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sease or condition	. NR	1 Doti	2.in	ON	1 Len	CI	olitio		1201
	DUE TO	OR AS A CONSI	EQUENCE OF	1	-				17.1
equentially list conditions,	a 614	bosil	la	526	2550				500
any, leading to immediate	OUE TO	(DR AS A CONSI	EGUENCE OF	7:					421
use. Enter UNDERLYING	c   ) /.	erma	An	1190	7				28 do
at initisted events	OUE TO	O (DR AS A CONSE	EQUENCE OF	.): (	)				
	d								1
Sulting III death) Exst	one contributing to	death but not	resulting i	in the under	rlying ceuse gi	iven in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO
		1 -1	1126	0			1 7 YES 2	1 -	COMPLETION OF CAU
	cho 1	Tren	120				- 1		1 YES 2 NO
	cho !	arter	1/1/2/21						
	cho !	arter							
RT II. Other significant conditions and the conditions are conditionally as case referred to Medical	cho !	a rien			26. PLACE DF DE	ATH (C)	eck only one)		
RT II. Other significant conditions and the conditions are significant conditions.  WAS CASE REFERRED TO MEDICAL EXAMINER.	HOSPITAL:	□ ER/Outpatient	3 DOA	OTHER:			8 Other (Specify)	of Res	
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03663

DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Vair)
DEC 271993

B.	K.	S	
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			#7

#7, per B.C. FilmG708 2/22/94 kam

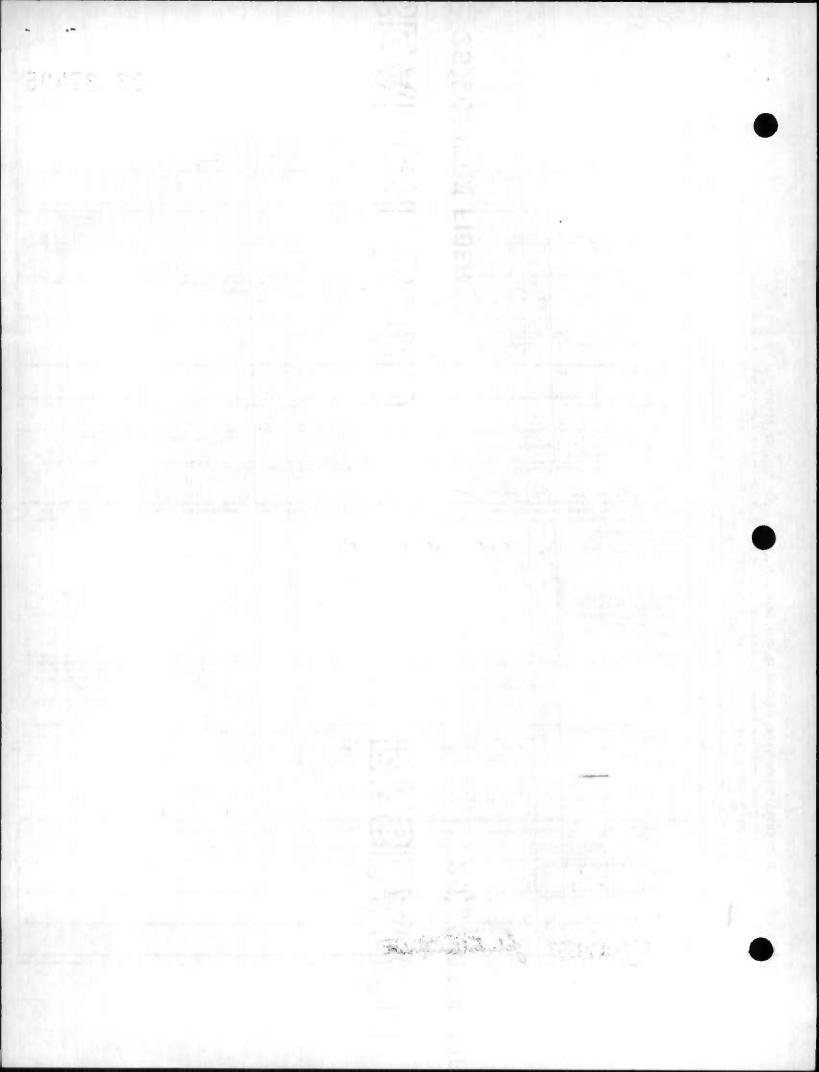
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-706 12/30/93 t.t.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

93 37405

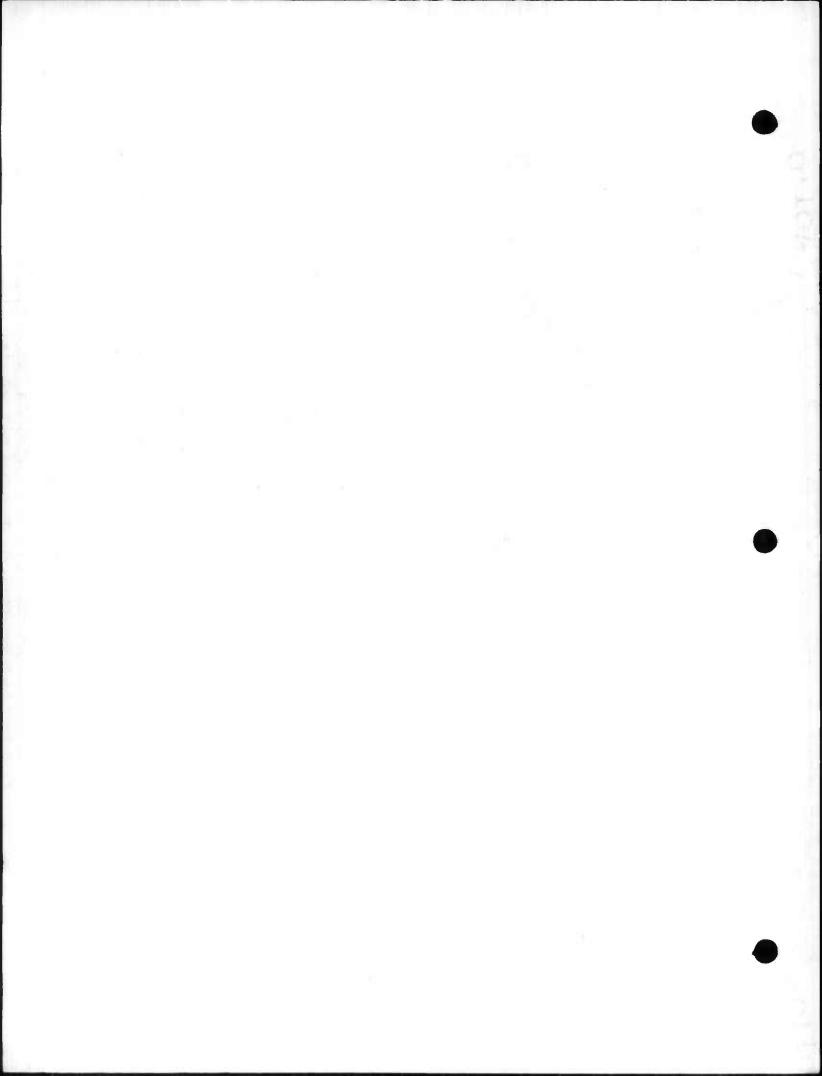
	CHRISTIAN	N RO	BERT	CLAR	K					MONTH 12	OF DEATH	DAY	YEAR 93	11:20 A
	4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	22,	S. BIRTHP	LACE (State or Forei
	217-82-389	93	1 🖾 M 2 🗆 F	31	YRS.	MONTHS	DAYE	HOURS	MIN.		29, 16ar)		Mar Mar	yland
CTOR	9a. FACILITY NAME (II not	AKE DRI		14			ODLA		ION OF O			9c. COU	NTY OF DE	ATH
5	RESIDENCE OF DE	10b, COUNT	TY.		10c CI	ry, TOWN C	NR LOCAT	TON						104 INDIDE OFF
L DIRE	Maryland	Balt	imore Co	. 75	100	odlav	vn.	II DW						10d. INSIDE CITY LIMITS? 1 YES 2XXN
RA	The second second						101	ZIP COO	207			USA	ZEN OF WI	HAT COUNTRY?
BY FUNERAL	6 Gwynn I  11. MARITAL STATUS 1 Never Married 2 [ 3 Widowed 4 XXDI	Married	12. WAS DECEDER FORCES? IF YES, GIVE	1 YES	2XXINO	- 1	If yes, sp	ENDENT	OF HISPAI	n, Puerlo F	7 (Specify Y Rican, etc.)		14. RACE Black, Specify	- American Indian, White, atc.
60	15. DI	ECEDENT'S EDI	UCATION	1	IGO. DECEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF B	USINESS/IND	DUSTRY	WILLE
COMPLET	Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	during mo	st of worki	ng					
MP	9th Grade				Carpen	ter						Employ	yed	
00	17. FATHER'S NAME (First,	111000						18. MOT			Viddle, Maide			
BE	William F		ck Clark							0		n Grad	7	
10	196. INFORMANT'S NAME											wn, State, Zip		,
	Mr. Martin			E-0.000	1303				GTe	_	rnie,		2106	
- 3	1 Buriel 2000 Brown	tion 3 🗆 Ren	noval from State	camete	LACE AND DATE ery, crematory or o	ther place)			10 0	DATE		OCATION —		
3	4 Donation 6 Oth		ICENSEE	_   Car	rroll C				12-2 SS OF FA	3-93	Hai	mpstea	ad, M	aryland
21. SIGNATURE OF FUNERAL S		K	Byles	)_	_	Lo	orin	g By	ers	Funer		irecto allsto		
	immediate cause (F	heart failure.	. Liet only one ce	use on eec		not anter	the mo	de of dy						Approximate interval Bet
TIFICATION	ehock, or IMMEDIATE CAUSE (F	ditions, nediate.	a. NARCOTIO  DUE TO  DUE TO  C	C AND A O (OR AS A C	th line.	NTOXIC	the mo	de of dy						Approximate interval Bett Onset and I
_	shock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list cond if any, leeding to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events	ditions, nediate ying agree	a. NARCOTIO  DUE TO  DUE TO  DUE TO  DUE TO	C AND A O (OR AS A C	INDESTRUCTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	NTOXIC	CATIO	N	ing, suc	h ea card	llac or res	IN AUTOPSY PRMED?	24b. \( \)	Approximate interval Bets
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1	FUNEF	TANT
TO THE TRANSMILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the head within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

37406 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO	93	37406
Ĭ	1. DECEDENT'S NAME (First, Middle, Lest) EARL IE CO	OX JR.				2. DATE OF DEATH	<b>*</b> 93 <b>*</b>	ar 3. TIME OF DEATH n/a 9:00 a _M
	4. SOCIAL SECURITY NUMBER 219-56-6841	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HATHPLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give str.  509 E. JOPPA ROA RESIDENCE OF DECEMENT			CITY, TOWN O	R LOCATION OF DE ON	EATH	9c. COUNTY BALT	OF DEATH IMORE
DIRECTOR	100. STATE 100. COUNTY N/a		10c. CITY, TO	OWN OR LOCAT BAL	IMORE			10d. INSIDE CITY VLIMITS? Y YES 2 NO
FUNERAL	100. STREET AND NUMBER 6139 MARQUETTE ROAD			101.	21206			OF WHAT COUNTRY?  D STATES
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe		IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary(Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei STEEL WO	done during mo: lired.)	N st of working	166. KIND OF BU ARMCO	STEEL (	
BE CON	17. FATHER'S NAME (First, Middle, Lest) EARLIE COX SR.				18. MOTHER'S NA PEARLIE	ME (First, Middle, Meiden MORRIS	Surneme)	
TO B	190, INFORMANT'S NAME (Type/Print) SHERRI COX		196. MAILING ADI 6139 MA	RQUETTE	ROAD, BAL	Poute Number, City or Row FIMORE, MARYL	n, State, Zip Coo LAND 2	1.206
	20a METHOD OF DISPOSITION 1 A Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DE		me of		TIMORE,	or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL-SERVICE LICE	ex for	180	WM. C.		1101 E.		
CERTIFICATION	23. PART I. Enfer the diseases, or canock or heart failure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of):  consequence of):  consequence of):	enter the mod	de of dyling, auc	h aa cardlac or reap	iratory arreat,	Approximate interval Between Onset and Death  > & y/s,
PHYSICIAN: MEDICAL CER	PART II. Other significent conditions Myco bacterius	a contributing to death by	ut not resulting in the	ne underlylng	ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	atlent 3 DOA 4)	THER:	ACE OF DEATH (Ch	6 Other (Specify)		
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI WO	JRY AT RK?	28d. DESCRIBE HOW	NJURY OCCUR	ED
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree		ES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
COMPLETED	one)	CIAN: To the best of my knowl						use(s) end menner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	imo			29c. LICENSE NUM D 40	609	D (	3NED (Morith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	NOTH P	pilet U	edical Ct	r, 1005 No1	Point Bl	vd, Balto 21224
	DEC 2 71993	32. REGISTRAR'S SIGNA	ATURE			-		



L.R.B.

The law requires that the death cardificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

The law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

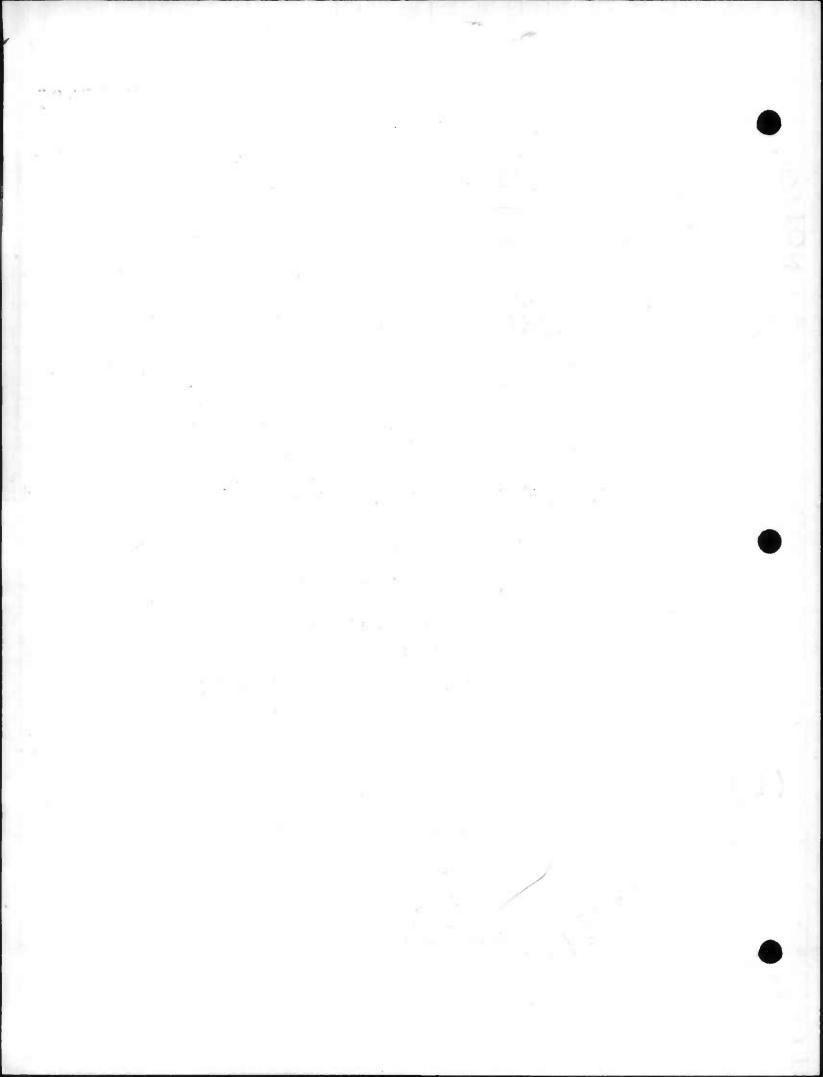
BALTIMORE, MARYLAND 21215-0020

VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL, OR AT ENLING.
TO THE FUNERAL, DIRECTAL ARE
De filed within 72, Incurs after 481
IMPORTANT: If Item 28 is in

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	. 9	3 371.07
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MICHAEL	CHAI	NENKO			12 23 E	199	3 10:25A w
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		i. BIRTHPLACE (State or Foreign
	045 50 0005	1 🕅 M 2 🗆 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	l"	Country)
1	215-52-2905		40			10/5/47		Germany
	Se. FACILITY NAME (If not institution, give s		I	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	FRANCIS SCOTT	KEY HOSPIT	AL.	BALTI	MORE CI	TY.		
5	RESIDENCE OF DECEDENT						1	
뿐	10s. STATE 10s. COUNTY	Y	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland			Baltin	ore			1 X YES 2 NO
ᆛ	10e. STREET AND NUMBER				1. ZIP CDDE		10a. CITIZE	N OF WHAT COUNTRY?
3	OFOT Ailes Aug				040	4.4		
N.	2507 Ailsa Ave				212			ted States
FUNERAL	1 Never Merried 2 Married	12. WAS OECEDENT EVER FORCES? 1 Y YES	IN U.S. ARMED			NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	s or No— 1	4. RACE — American Indian, Black, White, atc.
ΒY	3 Wildowed 4 Divorced	FORCES? 1 X YES	DATES		2 X NO Specif			Conothe
	3 Historica	1968						White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDU	STRY
Ш	Elementery/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	rk done during m retired.)	ost or working			
4	12		Chief	Mecha	nic			
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)		0201	1100111		ME (First, Middle, Meider	Comment	
Ö		ananka					Surrame)	
BE	Jarslow Ch	Idileliko				na Tomen		
2	19e. INFDRMANT'S NAME (Type/Print)					Route Number, City or Tov		
- 1	Mr. Jarslow C	Chanenko	250	7 Ails	a Aveni	ue Balti	more	, Md. 21214
- (	200. METHOD OF DISPOSITION		b. PLACE AND DATE OF		ame of	OATE 20c. LC	CATION — CI	ty or Town, State
	1 X Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		metery, crametory or oth	er place)	volo Com 1	2/20/02 04	nac Mil	le Maxwland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE M	TITISOIL FORE	22 NAME A	ND ADDRESS OF FA	2/28/93 Owi	IN2 LITT	15, Mai y Lai lu
- 1		Mark	. Zavoyn	a Leo	nard J.	Ruck, I	nc.	
	Marke 1.	Taley Mr		530	5 Harfo	rd Road	Ralt	imore, 21214
	23. PART I. Enter the diseases, or		ed the death. Do no	t enter the m	de of dylng, auc	h as cardiac or reac	iratory arres	st, Approximate
	shock, or heart failure.	Liat only one cause on	each line.					Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	anall			See 4 4 4	00 0 0		Onset and Death
	resulting in death)	a. CIRRHOSI DUE TO (OR AS	SOFLI	VER I	UITH UI	yer gas	TOINTE	STINAL
		DUE TO (OR AS	A CONSEDUENCE OF)					
z		e H	EMORREH	AGIE				
은	Sequentially list conditiona, if any, leading to immediate	DOE TO YORK WE	A CONSEQUENCE OF)					
3	cause. Enter UNDERLYING							
F	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE OF)					
토	resulting in death) LAST							
빙		d						
EDICAL CERTIFICATION	PART II. Other algnificant condition	a contributing to death	but not resulting in	the underlying	g cause givan in			24b. WERE AUTOPSY FINDINGS
3						PERFD		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	-					— YES	2 🗌 ND	OF OEATH?
Σ						_		1 YES 2 NO
PHYSICIAN: M								/*
<u>\$</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)		
S	1 X YES 2 ND	HOSPITAL: 1 (Appartment 2 (1) ER/Out		OTHER:	ne 5 🗆 Besidence	8 Other (Specify)		
<b>≟</b>	27. MANNER OF DEATH	28e. DATE OF INJURY			JURY AT	28d. DESCRIBE HOW	IN ILIBY OCCU	RED
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY W	DRK?	asa. Begonabe now		neb
B	2 Accident Investigation				YES 2 ND			
	3 Suicide 8 Could not be	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, term, str scify)	eet, tactory, offi	10	28t. LOCATION (Street City or Town, Stete		Rural Route Number,
E	4 Homicide determined					, ,		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wlades double consumed	of the time of a	and plans and a			
M								
8	A MEDIONE EXAMINE	OIT THE DESIGN OF STAMMING	on and/or investigation,	, in my opinion,	earn occured at the	time, date and placa, e	na due to the	ceuse(s) end menner as stated.
BE (	296. SIGNATURE AND TITLE OF PERTIFIE	10, /11	1		29c. LICENSE NUI		29d. DATE	BIGNED (Month, Day, Year)
	Lover.	Hoth	17/1/1		O.C.M	.E.	▶ 12	/24/1993
2		~ ~ /	TATU STEEL OF ST.	Select				
- 1	30. NAME AND ADORESS OF PERSON WH	D/CDMPLETEO CAUSE OF ID						
	30. NAME AND ADDRESS OF PERSON WH	DICOMPLETEO CAUSE OF TO	Penn S	treet	. Balti	more. Ma	rvlan	d 21201
	MARIO F. GOL	US, JRINA	+) Penn S	treet	, Balti	more, Ma	rylan	d 21201
	30. NAME AND ADDRESS OF PERSON WH MACLO F GOL  31. DATE FILED (Month, Day, Year)  DEC 2 7 1993	32. JEGISTRABIS SIG	+) Penn S	Street	, Balti	more, Ma	rylan	d 21201



DWISION OF VITAL RECORDS, P.O. BOX 68760,

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30e	direc
leath. F	funeral
fter	the
SULS	E I
24 h	filled
I within	mpletely
precuted	and co
e pe	sician
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	this certificate has been signed by the attending physician and completely filled in by the funeral director.
death	affen
the	4
that	ed by
uires	Sign
W req	been
<u>69</u>	has
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30. NAME AND ADDRESS OF PERSON WHD 29 5. Parca

31. DATE FILED (MONTH, Day, Ybar)
DEC 2 71993

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last, KATIE	CAMPBELL				2. DATE OF DEATH BONTH D		EAR	WE OF DEATH
	4. SOCIAL SECURITY NUMBER 21.8-20-8160		yrs. lesi birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-20-28	24 93		(State or Forei
стоя	96. FACILITY NAME (If not institution, give 1118 Whatco			9b. CITY, TOWN C BALT	OR LOCATION OF D		Bc. COUNT	Y OF DEATH	
ш	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c. CIT	TY, TOWN OR LOCAT	TION			10d.	NSIDE CITY
DIR.	MARYLAND		E	BALTO M	D				YES 2 N
ERAL	10s. STREET AND NUMBER			101	I. ZIP CODE			N OF WHAT	COUNTRY?
NE	1118 Whatcoa				21217			ISA	
BY FUNI	1 Never Married 2 Married  XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR DR DATE	2 THO	if yes, ap	CENDENT OF HISPAL Pecify Cuben, Mexics 3 2 10 Specific	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)  y:	s or No—	Black, White Specify: B	
9	15. DECEDENT'S ED (Specify only highest grad		Se. OECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUS	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	·	ist of working				
COMPL			Seams	tress		Self	Emp1o	yed	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden			
BE	William H. De	nnis Sr.				e School			
2	19e. INFORMANT'S NAME (Type/Print)	-1-				Route Number, City or Tow		,	
İ	Don W. Patri					Ave. Sal			
	XIXBurial 2 Cremation 3 Res	novel from State 20b. PL	LACE AND DATE Try, crematory or o	of disposition (Ne other place). emorial	ame of	OATE 20c. LO	CATION — CI		
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ing Me		PARK I		altim	ore,	MD
	1) augen	C. Assess				on FH 170	l Laı	irens	St
		C 27 00019			_				
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused the List only one cause on each	he death. Do i h ilina.	not enter the mo	de of dying, suc	th se cardiac or resp	Iratory arres		Approxima Interval Be
	IMMEDIATE CAUSE (Final disease or condition	0 1: 0			<i>i</i> =				Onset and
	resulting in death)	· Cardio K	espira	teny A	mest	•			
		DUE TO FOR AS A CO	ONSEQUENCE O	(F): ()	+ Ca.				
O	Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE O	Brean	Can	ier			
	If any, leading to immediata cause. Enter UNDERLYING							j	
AT	CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE O	NF):				-	
IFICATION	that initiated events								
ERTIFICAT	that initiated events resulting in death) LAST	d							
CERTIFI	resulting in death) LAST	d.	not resulting	in the underlying	a cause alvee to	Part I are und as	ALFTONOV	1 045 9505	ALITODOV CH
CERTIFI		dna contributing to death but	not resulting	in the underlying	g cause given in	PERFO	RMED?	AMAJL	ABLE PRIOR 1
CERTIFI	resulting in death) LAST	d	not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	COMP OF DE	ABLE PRIOR 1 LETION OF C ATH?
: MEDICAL CERTIFI	resulting in death) LAST	dna contributing to death but	not resulting	in the underlying	g cause given in	PERFO	RMED?	COMP OF DE	ABLE PRIOR ' LETION OF C ATH?
: MEDICAL CERTIFI	resulting in death) LAST	dna contributing to death but	not resulting			PERFO	RMED?	COMP OF DE	ABLE PRIOR 1 LETION OF C ATH?
SICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	LACE OF OEATH (Ch	PERFOI	RMED?	COMP OF DE	AUTOPSY FINABLE PRIOR 1 LETION OF CLATH? YES 2 1 N
SICIAN: MEDICAL CERTIFI	PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	HOSPITAL: 1   Inpatient 2   ER/Outpatie	ent 3 DOA	26. PL OTHER: 4  Nursing Hom AE OF 28c. INJ	LACE OF OEATH (Ch no 5 DAngeldence	PERFO	RMED? ≥ MO	OMPLCOMP OF DE	ABLE PRIOR 1 LETION OF C ATH?
PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Natural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Outpatk	ent 3 DOA	26. PL OTHER: 4 ☐ Nursing Hom AUTHORY WO	LACE OF OEATH (Ch	PERFOI  1 VES :	RMED? ≥ MO	OMPLCOMP OF DE	ABLE PRIOR 1 LETION OF C ATH?
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:  1   Inpatient 2   ER/Outpatie  28s. DATE OF INJURY (Month. Sey, Veer)	ent 3 DOA 28b. TIM	26. PL OTHER: 4 \( \text{Nursing Hom} \) MC OF 28c. INJ URY WO 1 \( \text{NURY} \)	LACE OF OEATH (Ch.  10 5 SAngidence  1URY AT  19K7  YES 2 NO	PERFOI  1 VES :	NJURY OCCU	MAIL COMP OF DE 1 []	ABLE PRIOR 1 LETION OF C ATH? YES 2 1 N
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1   Inpatient 2   ER/Outpatie 28s. DATE OF INJURY (Mont). Apy, Vear) 28s. PLACE OF INJURY — building, etc. (Specify)	ent 3 DOA 28b. TiM IN.	26. PL OTHER: 4 Nursing Hom AE OF 28c. INJ JURY M 1 N street, factory, office	LACE OF OEATH (Ch	PERFOI  1 VES :  1 VES :  1 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VES :  2 VE	NURY OCCUR	AMAIL COMP OF DE 1  1  RED	ABLE PRIOR 1 LETION OF C ATH? YES 2 1 N
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	HOSPITAL:  1   Inpatient 2   ER/Outpate  28s. DATE OF INJURY (Month. Apr., Near)  28s. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowledge	ent 3 DOA 26b. TIM IN. At home, farm,	26. PL OTHER: 4 Nursing Hom AE OF 28c. INJ URY WO 1 1 N street, factory, office	LACE OF OEATH (Ch.  NO. 5 PAREIDENCE  NRY.  YES 2 NO  s  and place, and due	PERFOL  1 YES :  1 YES :  1 YES :  2 Other (Specify)  28d. DESCRIBE HOW :  28f. LOCATION (Street City or Town, State)  1 to the cause(s) and me	INJURY OCCUP	AMAIL COMP OF DE 1 1	ABLE PRIOR CLETION OF CLATH?  YES 2 1 N
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	HOSPITAL:  1   Inpatient 2   ER/Outpatie  26s. DATE OF INJURY (Month. Agy, Veer)  28e. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowledge.	ent 3 DOA 26b. TIM IN. At home, farm,	26. PL OTHER: 4 Nursing Hom AE OF 28c. INJ URY WO 1 1 N street, factory, office	LACE OF OEATH (Ches 5 Stage) dence	PERFOL  1 YES 2  seck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(s) and me	INJURY OCCUR	AMAIL COMP OF DE 1   RED  Rural Route N  cause(s) and r	ABLE PRIOR LETION OF CATATH? YES 2 1 N
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only	HOSPITAL:  1   Inpatient 2   ER/Outpatie  26s. DATE OF INJURY (Month. Agy, Veer)  28e. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowledge.	ent 3 DOA 26b. TIM IN. At home, farm,	26. PL OTHER: 4 Nursing Hom AE OF 28c. INJ URY WO 1 1 N street, factory, office	LACE OF OEATH (Ch.  NO. 5 PAREIDENCE  NRY.  YES 2 NO  s  and place, and due	PERFOL  1 YES 2  seck only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  to the cause(s) and me	INJURY OCCUR	AMAIL COMP OF DE 1 1	ABLE PRIOR LETION OF C ATHY YES 2 1 N

MPLETED AUSE OF DEATH (ITEM 27) (Type, Print)

U. F. B. B. M. M. O. P.

32. REGISTRANS SIGNATURE

MD 2120

12.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR							93	37	409
	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI	RTMENT O	OF DEATH A	ND MENT	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF OEATH		3	. TIME OF DEATH
	Betty Lou Christ					mq.	Dec. 23	199	3 EAR	10:15PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday				TE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	216-24-1118  9a. FACILITY NAME (If not institution, give st	1 M M XX F	65 YRS.		4 4 4	AL	og. 25,	1928	Mary	land
Œ	5719 Plainfield A		20		WN OR LOCATION			9c. COU	NTY OF DEA	тн
18	RESIDENCE OF DECEDENT	verioe Apt	. 36	0.3	ltimore	City				
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR L	1011				10	Od. INSIDE CITY
	Maryland			Ва	ltimore	City				YES 2 NO
RA	5719 Plainfield A	IODIIO Ast	20		10f. ZIP CODE			10g. CITI		T COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		1 40 1111	2120				USA	
	1 Never Married 2 Married	FORCES? 1 1	YES 2 X NO	If ye	DECENDENT OF H	laxican, Puerl	GIN? (Specify Ye to Rican, etc.)	s or No-	Black, V	American Indian, Yhite, etc.
BY	3 Widowed 4 Divorced	n ree, are range	JA DATES	'"	1ES 24 MO 3	Specify:			Specify:	White
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT' (Give kind o	f work done durin	PATION og most of working	1	66. KIND OF BU	SINESS/IND	USTRY	
1 2	9th grade	College (1-4 or 5+)	Comput	ter Ope	noton		C			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Compo	rer obe		-	Greens			
BE C	Jack Lancaster				ic. monitor	Luci		Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number or F			rn, State, Zip	Code)	
-	Samuel Christ		5719	Plainf	ield Ave	e. Apt	. 3B Ba	alto.	Md	21206
	20a. METHOD OF DISPOSITION 1 □ Buriel 2XXXCremation 3 □ Remo	ovel from State	20b. PLACE AND DATE	OF DISPOSITIO	N (Name of				City or Town,	
	4 Donetion 5 Other (Specify)	ENGEE	Metro Cre	matory		12-24-	-93 Bal	timor	re, Ma	ryland
	Lassahn J.		5/		sahn fur		Цото			
				7/1	Ol Rolai	r Dd	Raltim	ore M	lacyla	nd 21236
	23. PART I. Enter the diseases, Dr control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	omplications that car list only one cause o	used the deeth. Do on each line.	not enter the	mode of dying,	auch aa ca	ardlec or reap	Iratory arr	eet,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	C	andia.		61 - "	1/	1.1			Onset and Death
	reaulting in death)	DUE TO (OR	AS A CONSEQUENCE	OFE:	cores		Tay	UV-R		hours
z	Convention list or adults.	. S.	evere	em	thy con					12.
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	OF):	1					12 040
I I	CAUSE (Disease or injury thet initiated events	DUE TO JOS	NE A Y DE	ation	_					IWK
CERTIFICATION	resulting in deeth) LAST	CARLIE STATE	7	ar p						
	PART II Other pignificant conditions									
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions	contributing to deal	In but not resulting	In the under	lying ceuse give	n in Pert I.	34s. WAS AN PERFOR		ASS	RE AUTOPSY FINDINGS AILABLE PRIOR TO
ED	n	12 19 9	16020			_	1 T YES 2	100		MPLETION OF CAUSE DEATH?
Σ		gression							*1	TARE 5 WO
IAN	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH	1 (Check only	onel	_		
Sic		HOSPITAL: 1   Inpetient 2   ER/0	Outpatient 3 DOA	OTHER:	Home 5 Alaside					
E	27. MANNER OF DEATH	25e. DATE OF INJU (Month, Day, Yes		-	INJURY AT WORK?		ESCRIBE HOW I	NJURY OCC	URED	
B	1 Natural 8 Pending 2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)	streel, factory,	office	281. LO	CATION (Street a	and Number	or Rural Route	Number,
COMPLETED	20. CERTIFIED									
MP	(Check only one) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	IAN: To the best of my k	nowledge, death occur etion and/or immeticati	red at the time,	deta and place, and	due to the c	euse(e) and mar	mer as state	id.	
	395. SIGNATURE AND TITLE OF CERTIFIARY		ation and/or investigati	on, in my opinic			ta and place, an			
BE		16/		1 1	29c. LICENSE	NUMBER	11.10	29d. DATE	SIGNED (MO	rith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1	1/5/	47		72	4/93
	Dr. Hahn 493 Woo	dbourne Av			(323-66	604)			1	
	31. DATE FILED (Month, Day, Year)	32 MEQUITRAR'S S	IGNATURE							
	DEC 27.1993	gene david	m- Handell	0						

10:176 93 John Little House STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37410

						T		
	1. DECEDENT'S NAME (First, Middle, Last)  Archie	Cohen				2. DATE OF DEAT	GAY - A	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTY (Month, Day, Ye		BIRTHPLACE (State or Foreign
	100-05-0849	1 M 2 D F	90 YRS.	MONTHS DA	TS HOURS MIN.	Nov. 3.		Rumania
	9e. FACILITY NAME (If not institution, give	etreet end number)		9b. CITY, TO	WN OR LOCATION OF D			Y OF DEATH
CTOR	Holy Cross Hospi	tal		Silve	er Spring		Mon	tgomery
5	RESIDENCE OF DECEDENT  100. STATE  100. COUNT	TY	10c. CIT	Y, TOWN OR LO	OCATION			10d. INSIDE CITY
DIRE	1207 - 14 - 1 - 2 - 3	itgomery	100	ilver:				LIMITS?
	10e. STREET AND NUMBER	agomety		wei.	101. ZIP CODE		10g. CITIZI	N OF WHAT COUNTRY?
ER	1002 Chiswell La	ine.			20901		115	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPA		y Yee or No- 1	4. RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			t, specify Cubin, Mexic YES 2 NO Speci		2.)	Block, White, etc. Specify: White
E	15. DECEDENT'S EDI (Specify only highest gred		16e. DECEDENT'S	USUAL OCCUI	PATION a most of working	16b. KIND O	F BUSINESS/INDU	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		se retired.)	g most of working			
MP	6th Grade		Baker				ery	
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, M		
BE	Naftulah Cohen 190. INFORMANT'S NAME (Typo/Print)				- v	Moskowit		
9	Rosetta Davison				P Lano C			aryland 20901
		20	0b. PLACE AND DATE				c. LOCATION — CI	
	26a, METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)	movel from State	emetery, crematocy, or o	other place)	dens 12/22	193 0	Phou M	anuland
	21. SIGNATURE OF FUNERAL SERVICE L		aucur mer		E AND ADDRESS OF F		rieg, MI	vigitaria
	DO .111	n At		STE	IN HEBREW	MEMORIAL	FUNERA	L HOME. INC.
	23. PART I. Enter the diseases, or	riou	umye		CARROLL			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE O	JARA	camia	P228	Jours	76
-	that initiated events	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		men dinner				*
ERI	that initiated events resulting in death) LAST	d. FACE	- 170m	2 5/2	P5			4
		a. FACO		2 5/2	P5	Part I. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDIN
MEDICAL	resulting in death) LAST	a. FACO		2 5/2	P5	n Part I. 24a. W		24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO
MEDICAL	PART II. Other significant condition	d. FACO		In the under	P5	1 Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINOR AWALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
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PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  AO  27. MANNER OF DEATH  1  Natural 5  Pending	d. FACON DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	but not resulting	in the under	lying cause given in	n Part I. 24e. W PE 1 V	S AN AUTOPSY RFORMED? ES 2 (1) NO	24b. WERE AUTOPSY FINDII AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1  YES 2 NO
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ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY)	HOSPITAL: 1   Inpatient 2   ER/Os 28e. DATE OF INJURY (Mornin, Day, Year) 28e. PLACE OF INJURY building, stc. (S)	but not resulting	in the under  OTHER: 4   Nursing  AE OF JURY M 1  street, factory,	lying cause given is  6. PLACE OF DEATH (C  Home 5   Residence  INJURY AT  WORK?  YES 2   NO  office	heck only one)  24a. We pe the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the common one of the	S AN AUTOPSY REORMED? ES 2 (1) NO DOW INJURY OCCU	24b. WERE AUTOPSY PINDI AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpatient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  SICIAN: To the best of my knowners.	but not resulting	In the under  2 OTHER: 4   Nursing  RE OF JURY M 1 street, factory,  red at the time, on, in my opinic	Iying cause given it  8. PLACE OF DEATH (C Home 5   Residence .INJURY AT WORK?   YES 2   NO office  deta and place, end du on, death occured at th	heck only one)  6 Other (Specific City or Town, et to the cause(s) en	S AN AUTOPSY RFORMED? ES 2 1 NO  OW INJURY OCCU	24b. WERE AUTOPSY PINDII AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpatient 2   ER/Ou  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  SICIAN: To the best of my knowners.	but not resulting	In the under  2 OTHER: 4   Nursing  RE OF JURY M 1 street, factory,  red at the time, on, in my opinic	S. PLACE OF DEATH (C. Home 5   Residence INJURY AT WORK? YES 2   NO office deta and place, end duen, death occured at the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	heck only one)  6 Other (Specify 28d, DE\$CRIBE    281. LOCATION (SCITY or Town, 1998)  10 the cause(s) en etime, date and plantments.	S AN AUTOPSY REORMED?  RES 2 (1) NO  OW INJURY OCCU	24b. WERE AUTOPSY FINDIN AMRIABLE PRIOR TO COMPLETION OF CAUSIDE DEATH?  1 YES 2 NO  RED  RED  RED  Cause(e) end manner as stated

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	END	Per c	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	ATT	S aft	1 21
	DR.	DIR	ter
	M	32	25
	SPI	NER Din	NT:
	HO	3.3	MAL
	王	計画	20
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within acours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ

	1 - FOR STATE OF STATE OF	MARYLAND / DEPA CERTII	RTMENT OF	HEALTH AND	MENTAL HYGIENE	93	37411	
	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH	YEA	3. TIME OF DEATH	
	HOWARD V CLA	RK			12 20	1993		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. leat birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)	
- 8	216-01-5452 1XXM 2 F	81 YRS.				912 Ma		
DIRECTOR	Greater Baltimore Medica	al Center		OWSON	EATH	Balt	imore	
REC	10a. STATE 10b. COUNTY	10c. C	TY, TOWN OR LO	CATION		METER ETER		
	Maryland Baltimore		Timo	nium			1 YES 2XXHO	
RAI	10e. STREET AND HUMBER			10f. ZIP CODE			OF WHAT COUHTRY?	
FUNERAL	7 Elphin Court  11. MARITAL STATUS  12. WAS DECEDE	T EVER IN U.S. ARMED	12 148 0	21093	NIC ORIGIN? (Specify Yes	USA	ACE American Indian.	
	1 Never Married 2 Married FORCES?	YES 2 HO	If yes,	specify Cuban, Maxica ES 2 NO Specifi	in, Puerto Rican, etc.)	8	lisck, White, stc.	
ВУ	XX Widowed 4 Divorced		1	LO I HO Specifi		3	White	
COMPLETED	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed)	(Give kind o	S USUAL OCCUP		16b. KIND OF BUSI	HESS/IHDUSTR	Y	
,CE.	Elementary/Secondary (0-12) College (1-4 or 5				Donton (	Onida		
OMF	10th grade 17. FATHER'S NAME (First, Middle, Last)	Meat 3	Supervis		Pantry F			
	George Clark			7	Thomas	urname)		
BE	194. IHFORMANT'S NAME (Type/Print)	19b. MAILIH	IG ADDRESS (Stre		Route Number, City or Town,	State, Zip Code	)	
5	Mrs. Jacquelyn Wedge	6 Sha	awnee Co	ourt #204	Baltimore,	Md. 21	.234	
	20s. METHOD OF DISPOSITION	20b. PLACE AHD DATE	E OF DISPOSITION	(Name of	DATE 20c. LOC	ATION — City o	r Town, State	
	V Burtet 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 6 ☐ Other (Specify)	Belair Me			.2 <mark>-23-93 Be</mark> :	lair, M	laryland	
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	51		sahn Fune				
	Jasseln Zurval	Hom E			Rd. Baltimo	ore Md	21236	
	23. PART I. Enter the disease, or complications the shock, or heart fellure. List only one call IMMEDIATE CAUSE (Finel disease or condition	et ceused the deeth. Do use on sech line.  Huned H  O (OR AS A CONSEQUENCE	not enter the	mode of dying, suc	h as cerdiec or respir	atory arrest,	Approximate Interval Between Onset and Death	
	resulting in death)	O OR AS A CONSEQUENCE	OF):	- avai	- aneno	4>001	MIMURES	
Z	Sagraphally list and distance ( b. Hy ny	Hensive,	Candi'i	vasaul	ar dise	ale	years-	
ATIO	If any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE	OF):				V	
CERTIFICATION	CAUSE (Disease or Injury	OR AS A CONSEQUENCE	OFI:					
H	resulting in death) LAST	20201100010001						
	PART II OIL II III II II II II II II II II II II				1			
SAL	PART II. Other algnificant conditions contributing to	deeth but not resulting	in the underly	ring couse given in	Part I. 24a. WAS AN A PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDIC					1 TYES 2	₩9	OF DEATH?	
Σ							1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)			
SIC	EXAMIHER?  1 YES 2 NO 1 Indicate 1	☐ ER/Outpatient 3 ☐ DOA	OTHER:	lome 5 🗆 Rasidence	6 Other (Specify)			
PHYSICIAN: MEDIC	27. MAHHER OF DEATH 28e. DATE O			INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	)	
ВУ	1 Natural 8 Pending 2 Accident Investigation			YES 2 NO				
	3 Suicide 6 Could not be determined 28s. PLACE building	OF IHJURY — At home, term i, etc. (Specify)	, street, factory, o	ffice	281. LOCATIOH (Street of City or Town, State)	nd Number or Ru	rail Route Number,	
E	29a CERTIFIER							
MPL	(Check only 1 CERTIFYING PHYSICIAH: To the best of							
COMPLETED	2 MEDICAL EXAMINER: On the beels of	examination and/or investigat	tion, in my opinio					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	innos 1	ND	29c. LICEHSE HUI	MBER 9		NED (Month, Day, Year)	
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CA	ISE OF DEATH (ITEM 27) (M	oe, Print)	1/17,				
	EVANGELOS C. LIG	NOS M.D	780	YORK	RD TOW	SON	MD 2120K	
	31. DATE FILED (Month; Day, Year)	AB'S-EIGHATURE						

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Natural 2 Accident

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hy	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		l liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR 374121 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH I 2 4.30 DOW NING 3 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Day Your) ViR DAYS HOURS G'NIA 1 - M 2 -9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ECOUR DIRECTOR Himoree RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X XYES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1002 McKean Avenue 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

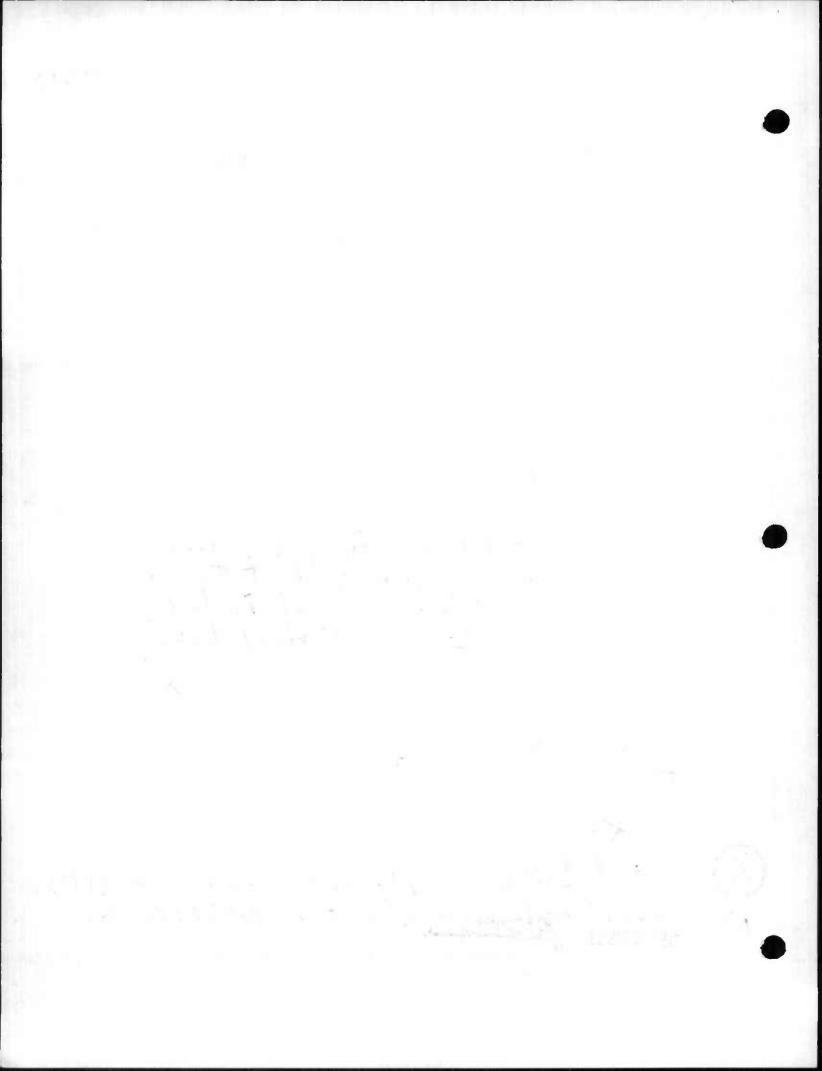
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Bl.ack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5 +) 8th Grade Private Families Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Hughlett BE 19n. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1829 West Mosher St. Rebecca D. Wyatt Baltimore, MD 21217 29s. METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Cedar Hill Cemetery 12/22 Anne Arundel Co, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PARTLEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Daath disease or condition 25 resulting in death) DUE TO (OR AS A COL CERTIFICATION Sequentially list conditions, Sequentially not continuous, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO JOW AS A CONS resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 TYES 2 ↑ TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one NOSPITAL: 1 YES 2 TO AD inpetient 2 [] ER/Outpetient 3 [] DOA ng Home S - Residence S - Other (Specify) 4 [] Num 28s. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW HUURY OCCURED

3 Suicide 6 Could not be determined	28s. PLACE OF INJURY At home, ferm, street, fact building, stc. (Specify)		ATION (Street and Number of Rural Route Number, or News, Street
Chock only 2 MEDICAL EXAMINE	SIAN: To the best of my knowledge, death occurred at the t; On the haste of examination and/or investigation, in my	time, date and place, and due to the car opinion, death occured at the time, date	use(s) and manner as stated. ered place, and due to the cause(s) and manner as stated
196. SIGNATURE AND TITLE OF CERTIFIER	1	25c. LICENSE NUMBER	204 DATE SIGNED (Month On York)

1 YES 2 NO

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_		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR	IF UNDER 2	4 HRS.	7. DATE OF			8. BIRTHPLACE (S
			1 X M 2 - F	25	YRS.	MONTHS D	AVS	HOURS	MIN.	(Month, I	23 (23)	65	Mary1
3 should		9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TO						NTY OF DEATH	
<u>හ</u>	<u>۳</u>	Mercy Hospital	301 St.	Paul Pl		R:	Baltimore						
1, 2,	15	RESIDENCE OF DECEDENT											
Sign	DIRECTOR	10e. STATE 10b. COUNT	Y			Y, TOWN OR							10d. INS
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ORE 6 may ector, pa		1 Burial 2 Cremetion 3 Rem	noval from State	cempterly, offer	MANU DATE	OF DISPOSITION	) «	The of	P	DATE	20c. LC	CATION -	City or Town, State
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S, P.O. BC death certificate attending physiental Hygiene pri	Ē	that initiated events resulting in death) LAST	00E 10	(OH AS A CONSE	JUENCE U	r):							
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	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home	5 🗆 Resi	dence	6 Other (	Specify)		
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certific s after death with the Si 128 is marked, or it	HYSI	27. MANNER OF DEATH	28e. OATE O	FINJURY	28b, T/M		c. INJU	JRY AT				INJURY OCC	UREO
NG PHYS frer this ceath with marked,	ВУ Р	Natural 5 Pending Accident Investigation	(MORET, 1	July, really	INJ		WO!		NO				
ON WOING After death		3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At he , etc. (Specify)	me, ferm, s	street, lectory	office						or Rural Route Num
OIVISI OR ATTEN DIRECTOR: hours after Item 28 I	TED	4 Homicide determined	Juliania	, etc. (Specify)						City or	Town, State	)	
OR OR DIRI	COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, de	ath occum	ed at the time	dete	end place	out the	to the cause	(a) and ma	nner ee etet	ad
国 対方 田	ME	(Check only one) 2 MEDICAL EXAMIN											
HE CSPITAL E RUNERAL Hed within 72 PORTANT: II		290. SQUATURE AND TITLE OF CERTIFIE			111-202								
TAN E	BE	The court of	0. (. 0				.	D33		/ I		29d. DAT	E SIGNED (Month, D
GP FIRE	2	30. NAME AND ADDRESS OF BERSON WI	10 COMPLETE	SE OF DEATH #==	WY	VYYV		ヤッこ		11		1	744143
		Suite 302	Circens		-		1	1 1 11.	a. '	110	h .		1 71-
		31. DATE FILED (Month, Day, Year)	12 DECISTO	APIS SIGNATURE	۵۱ <i>۵</i>	thon	. L	un	en	ille	IVK	mila	nd 210
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		2 - 0 H 1333	V		-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RICHARD

DOUGLAS

Atonsville, MARYLAND Belto, Md. 21217
pepiratory arrest, | Approxime Approximeta Interval Between Oneat and Death 30mnutes 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OW INJURY OCCURED eet and Number or Rural Route Number, tate) , end due to the ceuse(a) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 12/22/92 DHMH-16 Rev 1/89

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10g. CITIZEN OF WNAT COUNTRY?

3. TIME OF OEATH

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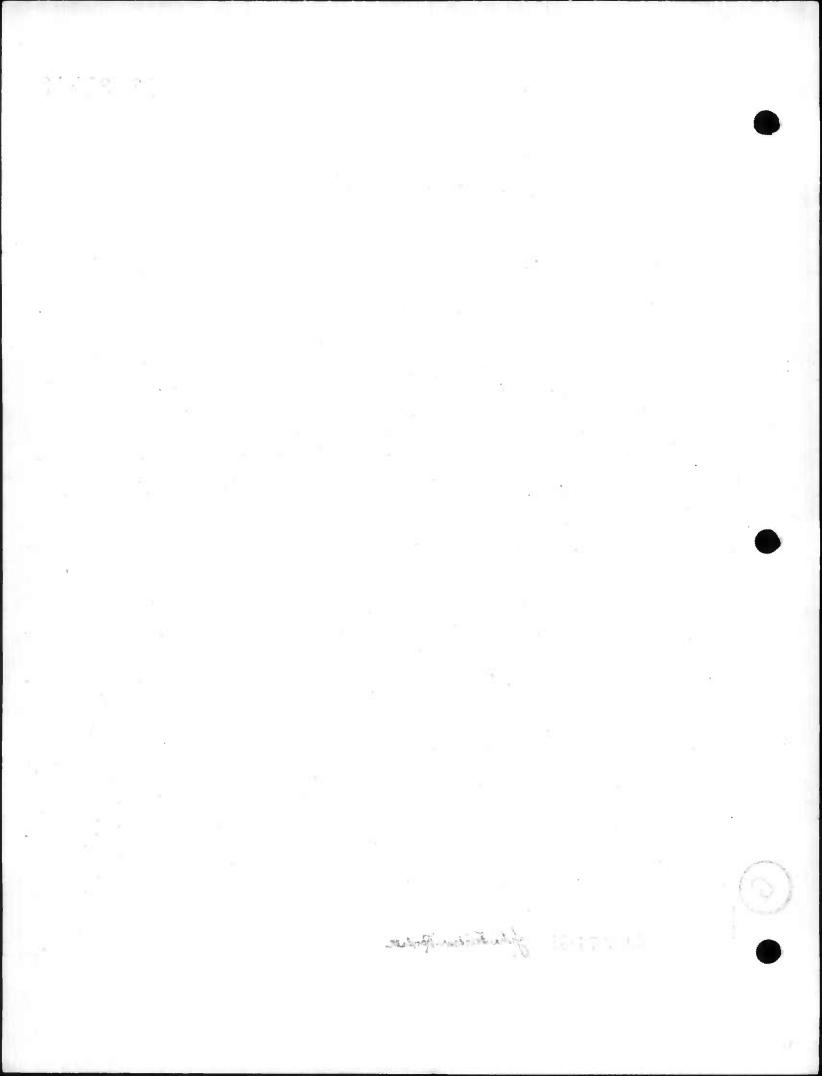
10d. INSIDE CITY LIMITS? 1 XYES 2 NO

14. RACE — American Indian, Black, White, etc. Specify: Black

8. BIRTHPLACE (State or Foreign Maryland

AM

REG. NO. 2. DATE OF SEATH 12-20-93



TO BE COMPLETED BY FUNERAL DIRECTOR

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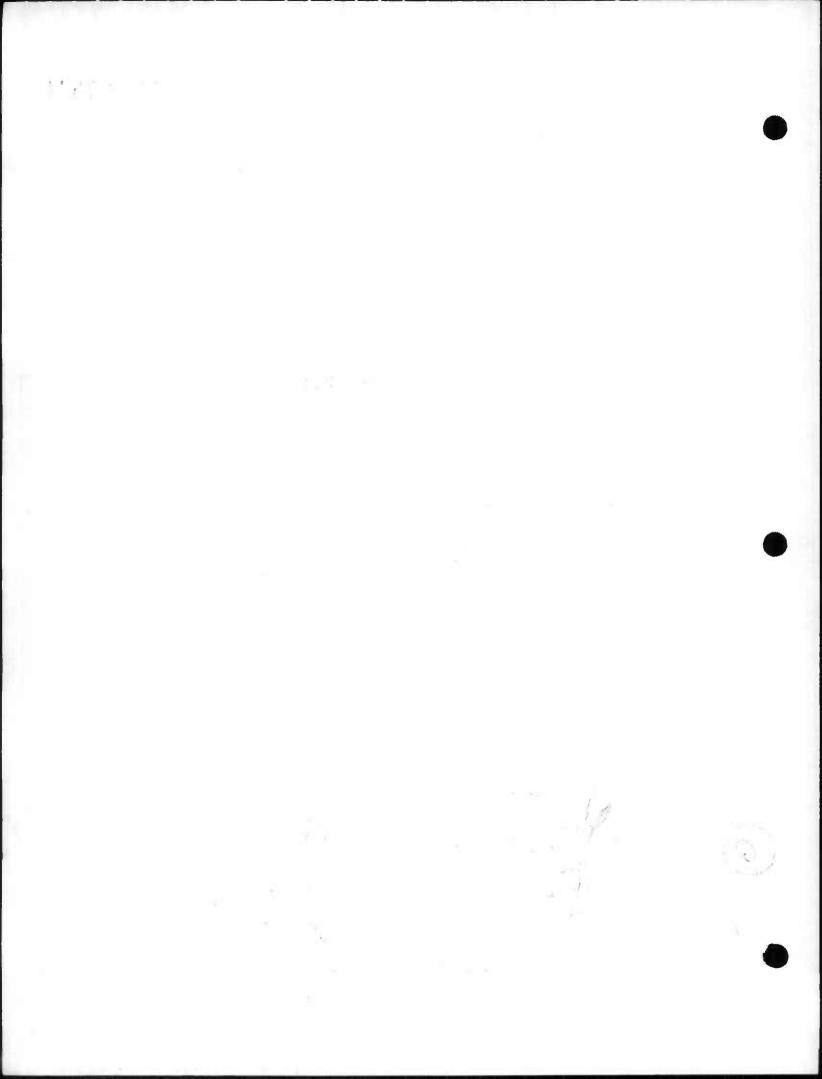
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DEC 271993

JING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached for use as the burial-transit narmit page 1.2.3 enough	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IDING PHYSICIAN: The law	. After this certificate has b	death with the State Dept.	Is marked, or Item 23
TO THE POSPITAL OR WITE	TO THEIR DIVISION OF CORRESTOR	be filed utten at loop after	IMPORTMET IL JAMES 28

1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR CERTIF					MENTA	L HYGIEN	_	3	37414
1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE MONTI	OF DEATH	NY.	YEAR	3. TIME OF DEATH
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216-10-2 9a. FACILITY NAME (# not in		25	89_		9b. CITY. 1	TOWN C	OR LOCAT	ION OF D		16/19			ryland
Maryland General Hospital Baltimore City										DEATH			
RESIDENCE OF DECEDENT													
Maryland Baltimore Maryland Baltimore													
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
3939 Pen	hurst							1215				.s.	
11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1			11	yes, sp	ecify Cubi	in, Maxica	in, Puerto 1	? (Specify Yes Rican, etc.)	or No-	14. RAC Blac	CE — American Indian, ck, White, etc.
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Elementary/Secondary (0		College (1-4 or 5	)	(Give kind of a life. Do NOT us	retired.)  Tel			ny .		Dank			
17. FATHER'S NAME (First, M.	iddle, Last)			Dalli	, 161	TE		HER'S NA	ME (First, A	Bank			
Joh	n D	avis					S	ophi	ie	Roh	ins	On	
19a, INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRESS (	Street a	nd Numbe	r or Rural	Route Numb	ber, City or Town	n, State Zi	Copie)	and 21211
Gerald				441	12 D.	F	a11:	s Bi	ridq	e Dri	ve	Bal	timore
20a. METHOD OF DISPOSITION  1 Description    2 Other	n 3 🗆 Reme	ovel from State	cemete	ery, crematory or o	ther place)				DATI				own, Stata
21. SIGNATURE OF PONERAL		ENSEE	- Jun	tion Ch	label [22, N/	C AME AN	eme	tery	712/	23 Jo	ppa	, Mi	aryland
Jac	un A	lenss (	Mā	enter	Bu	irg	ee-l	Hens	ss F	unera	1 + 1 1	nor	21211 e.Maryland
23. PART I. Enter the di	sesses, or o	omplications the	t count t	he death. Do r	not enter th	he mo	de of dy	ing, auc	h as card	liec Dr reepi	retory an	reet,	Approximate
IMMEDIATE CAUSE (PM		List Dilly Dile Cau			21		1	/					Interval Between Onset end Death
diseese or condition resulting in death)	<b>→</b>		Ch	ronic	Ob	51	true	riv	c A	ir was	D	ise	ase Ure
1		DUE TO	(OR AS A C	ronic consequence of Restin	F):	4	1	4	-ila	1			
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If eny, leading to immed cause. Enter UNDERLY!	NG				•								İ
CAUSE (Disease or inju- that initiated events	·	DUE TO	(OR AS A C	ONSEQUENCE OF	F):								
resulting in deeth) LAS		l											
PART II. Other algnifice	nt condition	e contributing to	deeth but	not resulting	In the unde	erlying	cauee	given in	Part I.	24s. WAS AN		24	b. WERE AUTOPSY FINDINGS
										PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			_								<u></u>		OF DEATH?  1 YES 2 HO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Ch	eck only on	0)			
1 YES 2, 160		1 Inpatient 2 2			4 🗆 Numin		_	sidence					
1 Return 5 🗌 I	Pending	(Month, D		26b. TIM	URY M		RK?	¬ NO	28d. DES	CRIBE HOW II	HJURY OC	CURED	
2 Culelde	Could not be	28e. PLACE O	F INJURY -	At home, farm, a	street, factor				281. LOC/	ATION (Street a	nd Number	or Rurai	Route Number.
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
		CIAN: To the best of											
		R: On the basis of a	camination a	ind/or investigatio	n, In my opi	nion, de	eath occur	red at the	time, date	and place, and	due to th	e cause(	a) end manner as stated.
296. SIGNATURE AND TITLE		geem 1	M.D				29c. LICI	153	4BER		29d. DAT	E SIONE	2 (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	H (ITEM 27) (Type,	Print) 1		-1	0	11	104 =	~	1 2	1-1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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31. DATE FILED (Month, Day, Year)

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271993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 37415 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93 YEAR 3. TIME OF DEATH P 12 22 HELEN E. DILLER 11:00 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 H W XXF MONTHS 231-26-2319 66 YRS. 08 22 27 VIRGINIA 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6445 COLONIAL KNOLL 21061 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2X Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 12 College (1-4 or 5+) HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES BERRY HELEN STRATON BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6445 COLONIAL KNOLL-GLEN BURNIE, MD. 21061 WILLIAM G. DILLER 20a. METHOD OF DISPOSITION
1 □ Burlal 2X Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE METRO CREMATORY, INC. 12/24 4 Donation 5 Qther CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart falls Interval Between List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition 12-17-92 ullo resulting in death) DUE TO (OR AS A CONSEQUENCE OF Q 12.93 BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO N/A 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Sulcide 8 Could not be determined 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated 296. SIGNATURE AND TITLE OF CENTURE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

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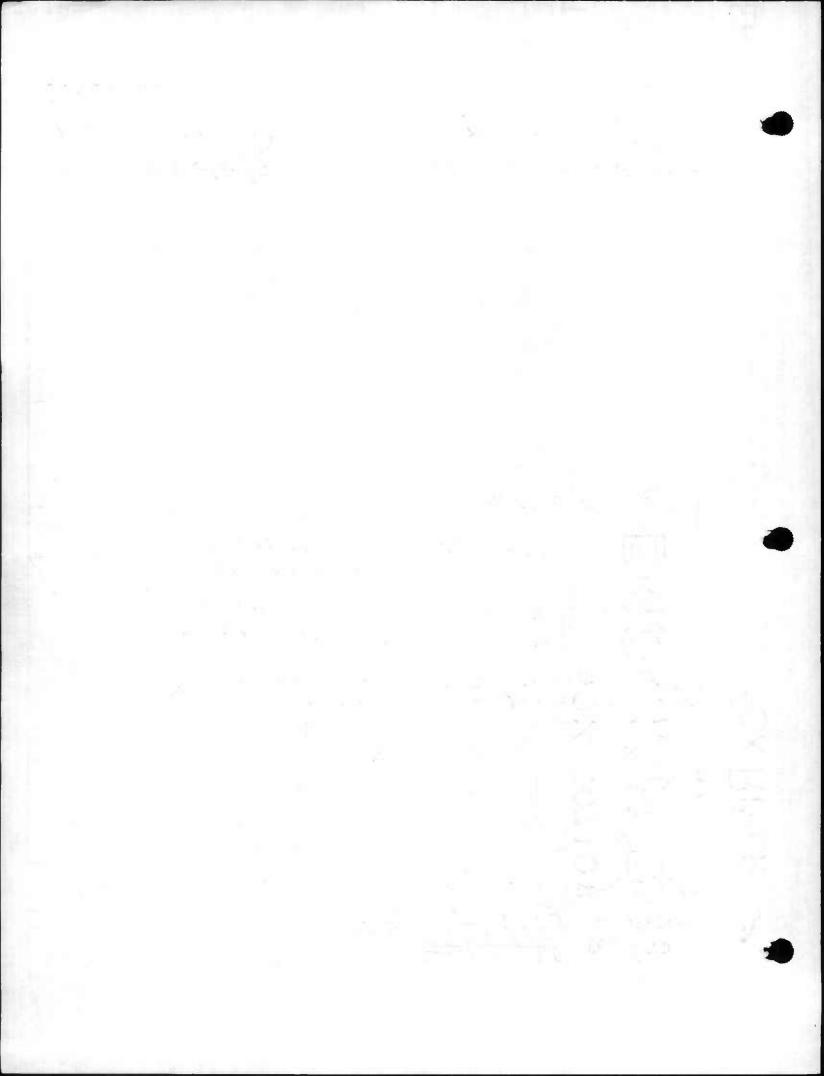
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 37416
	CONTRACTOR OF STREET	5. SEX 6. AGE (In yrs	s. last birthdey) If UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2. DATE OF DEATH MONTH DAY  / 2 2 6  7. DATE OF BIRTH (Majith, Day, Year)	3. TIME OF DEATH 3. SUPPLY STATE OF DEATH 3. SUPPLY STATE OF DEATH 6. BIRTHPLACE (State or Foreign Country)
	De. FACILITY NAME (If not institution, give stre		9b. CTT	, TOWN OR LOCATION OF D	5/23/03 EATH 90	c. COUNTY OF DEATH
DIRECTOR	Meridian Nursing (	Center Hamilto	7.2	altimore	ра	altimore, City
	MD 10e. STATE 10b. COUNTY		Baltimon	re		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4004 Glen Arm A	venue		21206	10	U.S.A
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES Z IF YES, GIVE WAR OR DATES	X_NO	WAS DECENDENT OF HISPA If yee, specify Cuben, Mexico 1 YES 2 NO Specific		No- 14. RACE - American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 Years	ATION 16a completed)  College (1-4 or 5+)	Give kind of work done life. Do NOT use retired.)  SEamstres	during most of working	16b. KIND OF BUSINE	:SS/INDUSTRY
	17. FATHER'S NAME (First, Middle, Lest) Joseph Di Paol	0			AME (First, Middle, Maiden Surr Di Falco	name)
TO BE	19a. INFORMANT'S NAME (Type/Print)  Mrs. Josephine W	ilson			Houte Number, City or Town, S Baltimore,	
	20s. METHOD OF DISPOSITION 1 Special 2 Cremetion 3 Remort		ace and date of dist	Cemetery	12/29/93 Ba	non — City or Town, State altimore, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Dippelk	7	NAME AND ADDRESS OF FA	Coad Baltimon	uneral Home Inc. re, MD. 21206
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the list only one cause on each to got as a co	line.		to a sardiac or respirate  de salin  electrol	Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS A CO	a of	colon	1972	
PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions Lower to H, O, Sub den	a SI	ADH	anderlying cause given in	Pert I. 24a, WAS AN AU PERFORME	
IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)	
IYSIC	1 TYES 2 NO	HOSPITAL:  1 Inpatient 2 ER/Outpatie		irsing Home 5 - Residence		
ву Рн	1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	JRY OCCUMED
_ 11	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fe	ctory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
COMPLETED	one)	CIAN: To the best of my knowledg R: On the basis of examination an				r as stated. due to the cause(a) and menner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	2(7	me	29c. LICENSE NU	IMBER 2	19d. DATE SIGNED (Month, Day, Year)
T0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED BAUSE OF DEATH	(ITEM 27) (Type, Print)	2 3 2 2 7	2 St Pa	u/ \$ 2/2/8
	31. DATE FILED (MONTH), Day, Ybar) DEC 9 71993	32. REGISTRAR'S SIGNATU	RE SELECTION	7	<u> </u>	7-10



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BALTIMORE, MARYLAND 21215-0020	Made

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FIRST		on Don	UNIEII	V				2.	DATE OF DEATH	Ay C	75	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH	4	_	PLACE (State or Foreign	
	215-09-666		1 M 2 D F	82 Ye	ars.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1/31/19.		Country	MD.	
OR	Mercy Hospi	stitution, give st tal	reet and number)				tim	ore	OF DEATH			ITY OF DE		
اظ	RESIDENCE OF DEC	10b. COUNTY			I 400 007	Y, TOWN C								
JIRE		7						ION					10d. INSIDE CITY LIMITS?	
1	10s. STREET AND NUMBER		ore, Cit	У	ва.	ltimo		. ZIP CODE			10a, CITI		1 VES 2 NO	
ER/	6802 Ever	all Av	enue					21206	5			II C	Α	
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT OF	HISPANIC (	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
BY FUNERAL DIRECTOR	1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE W	YES 2 TA	Ю			2 NO		Puerto Rican, etc.)		Specify	, white, etc. v: hite	
COMPLETED	15. DEC (Specify ant	EOENT'S EDUC y highest grade	CATION completed)	16a, OE	CEDENT'S	USUAL O	CCUPATIO	ON st of working		16b. KIND OF BU	SINESS/IND			
	Elementary/Secondary (0	3-12)	College (1-4 or 5 +	·) Iffe.	Do NOT u	se retired.)								
M	12 Year				Offic	ce Ma	паде				Farbo	i1		
BE CO	Charels A	ustin	Donnelly							(First, Middle, Meiden Owe Clem				
01	19a. INFORMANT'S NAME (	Type/Print)		191	. MAILING	ADDRESS	(Street a	nd Number or	r Rural Rout	te Number, City or Tow	n, State, Zip	Code)		
	Patricia								ue B	altimore				
	20e. METHOD OF DISPOSIT 1 Buriel 2 Cremaile	on 3 🗆 Remo	oval from State	20b. PLACE / cemetary, cre-	matory or o	ther place)					CATION -			
	4 Donation 8 Other  21. SIGNATURE OF FUNERA		ENSEE	- Woodle	wn C	emet	ery	ID ADDRESS	OF FACILI	2/29/93	Balt	imor	e, MD	
	· Z	t.1	2:	12			IVAME A	ND ADDRESS	OF FACILI	" Dippel	Fune	ral l	Home Inc.	
	manu	con y.	LUPPER	Ju .		7	110	Belai	r Ro	ad Balti	more.	MD	21206	
	IMMEDIATE CAUSE (Fir disease or condition	eart feilure, l	DUE TO	se on each line							iratory em	eat,	Approximate interval Between Onset end Death	
	resulting in death)		DUE TO	OR AS A CONSEC	DUENCE O	F):								
Z			- met	ashtic	1	ch	. (	Cun	. 41				18/90	
ST.	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	UENCE O	F):								
S	ceuse. Enter UNDERLY CAUSE (Disease or inju		DUE 70	100 40 4 00U0F	WELLOS O	_	1							
CERTIFICATION	that initiated events resulting in death) LAST  d.													
	PART II. Other aignifice	ent condition	contributing to	deeth but not r	eeulting	in the un	derlyin	ceuse giv	ren in Par	rt I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	CAN		MI							PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E							1 TYES 2			2 NO OF DEATH		OF DEATH? 1 ☐ YES 2 ☑'NO		
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AN	25. WAS CASE REFERRED T	O MEDICAL					26. PI	ACE OF DEA	ATH (Check	only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Resid	dence 8	Other (Specify)		blai		
BY PHYSICIAN:		Pending	28a. DATE OF (Month, D		28b. TIN	IE OF JURY M		URY AT		Id. DESCRIBE HOW	NJURY OCC	CURED		
ED B	• 🗆 •	Could not be determined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm,	street, fact	ory, offic		28	of, LOCATION (Street City or Town, State)	and Number	or Rural Ro	oute Number,	
LEI	29a. CERTIFIER	TIEVING BUVE	TAN: To the heat of	mu knowleden di	ath arm	and as at a s	inc. de-			the cause(a) and ma				
COMPLETED													and manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		10.		1.3		29c. LICENS			29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	F PERSON WHO		SE OF DEATH (ITE	27) (Type	Print)	MJ	14	tusai	ihal v	Dept		4 cdiein	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. P	TO THE FUNERAL DIRECTOR: After the expension of the attending physician and completely filled in by the funeral	Me
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	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AN TE OF DEATH		GIENE 93	37418		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE		3. TIME OF DEATH		
		erine Eckman			Dec. 2		TEAN .		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	MONTH	DER 1 YEAR IF UNDER 24 HI IS DAYS HOURS ME	Ottomath One	Your)	BIRTNPLACE (State or Foreign Country)  Marvland		
1	Se. FACILITY NAME (If not institution, give stre	et end number)	9b. C	ITY, TOWN OR LOCATION O			Y OF DEATN		
CTOR	Meridian Catonsv	ille	Ca	atonsville		Balti	more		
DIRECTOR	MD 106. COUNTY Balt:	imore		n on Location altimore			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	100. STREET AND NUMBER 1113 Dorchester A	Avenue		10f. ZIP CODE 21207	,	10g. CITIZE USA	N OF WHAT COUNTRY?		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 X NO S	xican, Puarto Rican, a	n(c.)	s or No— 14. RACE — American Indian, Black, White, stc. Specify:		
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION 18 cmpleted) College (1-4 or 5 +)	e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND	OF BUSINESS/INDUS	white STRY		
COMPL	12TH		Secretary		Lega	a T			
ő	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle,				
ш	John M. Kuhlman			Ann	a C. Schr	iever			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street end Number or R			ode)		
٦	Harry Eckman		1113 Dor	chester Ave	nuBaltimo	ore.	MD21207		
	20s. METHOD OF DISPOSITION  1  Burisl 2  Cremation 3  Remove	20b. PL	ACE AND DATE OF DISP	OSITION (Name of		20c. LOCATION — CH			
	1 Donation 5 Other (Specify)	8-02-63	-Wash Cre	matory 1	2/24/93	Laurel	, Maryland		
	22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home								
9	1328 Sulphur Spring Road, Arbutus, Md								
	22. PART I. Enter the disesses, or co	mplications that caused th	a death. Do not en	ler ths mode of dying,	such sa cardiac or	r respiratory stres	t,   Approximate		
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	A the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set o	ersti DISEQUENCE OF: Rena	Heart D.	Deal		Interval Betwonset and D		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL (	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 UYES 2 NO								
3	25. WAS CASE REFERRED TO MEDICAL								
Sic	EXAMINER?	HOSPITAL:	отн						
	27. MANNER OF DEATN	1 ☐ Inpatient 2 ☐ ER/Outpatie  28e. DATE OF INJURY	28b. TIME OF	lursing Nome 5 Resider		NOW INJURY OCCUI	200		
T	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?		NOW INJURY OCCU	NED .		
ED BY	2 Accident Investigation 7 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atreet, f			(Street and Number or i, State)	Rural Route Number,		
MPLET	one)	AN: To the best of my knowledg On the besis of exemination an							
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	296. SIGNATURE AND TITLE OF CERTIFIER	0	10	29c, LICENSE			SIGNED (Month, Day, Year)		
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	HOWS R MA	COMPLETED CAUSE OF THE	UTEM 27 CETT OFFI	1114	8/1		2-24-93		
BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	1114	8 / (		2-24-93		

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32. REDISTRAR'S SIGNATURE

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TENONG PRISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TOR After the cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CERTIFIC	CATE OF DEATH	_	REG. NO.		
Marie	A.	ESPOSITO		2. DATE MONTH Dece	mber 22	1993	3:40 A
1.9-262296	5. SEX 6. /		IF UNDER 1 YEAR IF UNDER 24 HRS	(Month	OF BIRTH D. Day, Year) 91918	Country	PLACE (State or Foreign
a. FACILITY NAME (If not inatitution, give Franklin Squ			Pb. CITY, TOWN OR LOCATION OF	DEATH	1.00	UNTY OF DE	EATH
nesidence of decedent too. state 10b. cour aryland Bal	timore	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
on STREET AND NUMBER 409 Fait Aver			101. ZIP CODE 21224				1 YES 2 NO
I. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISI If yea, specify Cuben, Max 1  YES 2 NO Spe	Ican, Puerto F	? (Specify Yea or No-	Black	A.  — American Indian, , White, etc.
15. DECEDENT'S EI (Specify only highest gri	DUCATION ide completed)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most of working	16b.	. KIND OF BUSINESS/IN	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema			Home	72	
7. FATHER'S NAME (First, Middle, Last)	K	Kahl	18. MOTHER'S	NAME (First, A	Aiddle, Maiden Surname)		177.19
Andrea (Anna)	Nelson		DORESS (Street and Number or Rus				1222
0s METHOD OF DISPOSITION  Burial 2 Cremetion 3 Re		20b. PLACE AND DATE OF	Searles Rd. DISPOSITION (Name of place)	DATE	E 20c. LOCATION -		
1. SIGNATURE OF UNITRAL SERVICE  23. PART I. Enter the diseases.	Ja.	min	Zemer Cemeica  22. NAME AND ADDRESS OF JOSEPH N. 263 S. Conl	Zanni Zanni kling	ino Jr. J St. Bal	Funer	ral Home Md. 212
23. PART I. Enter the diseases, of	Cerebro	oused the deeth. Do no on each line.	22. NAME AND ADDRESS OF JOSEPH N. 263 S. Conlite enter the mode of dying, second	Zanni Zanni kling	ino Jr. J St. Bal	Funer	ral Home Md. 212 Approximata Interval Betw
23. PART I. Enter the diseases, or shock, or heart failing the same or condition securiting in death)  Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING 2AUSE (Disease or injury	DUE TO (OR	oused the deeth. Do no on each line.  DVascular act as a consequence of:  As a consequence of:	22. NAME AND ADDRESS OF JOSEPH N. 263 S. Conl	Zanni Zanni kling	ino Jr. J St. Bal	Funer	ral Home Md. 212 Approximata Interval Betw
23. PART I. Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Firminglesses or condition equiting in death)  Sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING	DUE TO (OR	pused the deeth. Do no on each line.  DVascular act as A CONSEDUENCE OF:	22. NAME AND ADDRESS OF JOSEPH N. 263 S. Conl	Zanni Zanni kling	ino Jr. J St. Bal	Funer	ral Home Md. 212 Approximata Interval Betw
23. PART I. Enter the diseases, o shock, or heart failliff MMEDIATE CAUSE (Final disease or condition equiting in death)  Sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	DUE TO (DR d	pused the deeth. Do no on each line.  DVASCULAR ACONSEDUENCE OF:  AS A CONSEDUENCE OF:	22. NAME AND ADDRESS OF JOSEPH N. 263 S. Conl tenter tha mode of dying, secident	FACILITY Zanni kling uch as card	ino Jr. J St. Bal	Funer to.	Approximate Interval Betwoonset and Do
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93 37420 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF M			OF HEALTH AND	MENTAL HYGIEN REG. NO.		3	3742
	1. DECEDENT'S NAME (First, Middle, Leat) Phyllis	Graham	Fidl	.er		2. DATE OF DEATH DO		EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  235-12-3499  9a. FACILITY NAME (II not Institution, give	5. SEX 1 M 2 F atroet and number)	6. AGE (in yrs. last birthda 77 YRS	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D			Country)	ACE (State or Fore Virginia
TOR	Union Memorial	Hospital	digital state.	3000	ltimore Cit		100000		
DIRECTOR	Maryland 106. COUNT	Υ		city, town o Baltim	ore City				d. INSIDE CITY LIMITS?
RAL	306 Taplow Road				101. ZIP CODE 21212			U.S.	Δ COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMED YES 2 NO AR OR DATES	- 1	VAS DECENDENT OF HISPA Tyes, specify Cuban, Maxic YES 2 X NO Speci	an, Puarto Rican, etc.)		RACE — Black, W	American indiar
COMPLETED	15. DECEDENT'S ED( (Specify only highest grad) Elementary/Secondary (0-12)		His Da MO	T'S USUAL OC of work done of T use retired.)	CCUPATION furing most of working	16b. KIND OF BU	I SINESS/INDUS		
MPL	17. FATNER'S NAME (First, Middle, Last)	3 yrs.	Manag	ger				urit	y Admin
BE CC		raham			Franc	AME (First, Middle, Maiden		oung	kins
TO B	19a. INFORMANT'S NAME (Type/Print) David G.F. Fidle:	r			(Street and Number or Rural W Road, Bal		m, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITION 1   Burlai 2 (A Cremation 3   man		20b. PLACE AND DA	TE OF DISPOSI	TION (Name of	DATE 20c LO	CATION — CIT	or Town	State
	4 Donation 5 Other (specify)  21. Stoken the OF substant Serviced  John G. Reit  23. PART I. Enter the diseases, or	Z (M-00804	4)	M 6	cory December : NAME AND ADDRESS OF FI itchell-Wie 500 York Rd	defeld Home Baltimore	e e, Mar	ylan	
CERTIFICATION	ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. UP DUE TO (	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	: OF): : OF): : OF): : OF):	_ ARDS		Tepn	\$	Interval Be Onset and 3 da
MEDICAL	PART II. Other aignificant condition	na contributing to	death but not resulting	ng in the un	derlying cause given in	1 Part I. 24a. WAS AN PERFOR	RMED?	CC OF	ERE AUTOPSY FIN MILABLE PRIOR TO DMPLETION OF CA F DEATH?  YES 2 N
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (C	heck only one)			
HASI	1 YES 2 NO 27. MANNER OF DEATN		ER/Outpatient 3 DO		Ing Nome 5 Residence 28c. INJURY AT	6 Other (Specify)  28d. DESCRIBE HOW I	IN HIEV OCCIN	en.	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, De		INJURY M	WORK? 1 YES 2 NO	200. 0200.1100			
ETED 6	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF building, a	FINJURY — At home, fen etc. (Specify)	m, street, facto	street, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,	
COMPLE	1				me, data and place, and du pinion, death occured at the				nd manner as sta
TO BE C	296. SIGNATURE AND TITLE OF CERTIFU				290, LICENSE NU AT - 243	594L EIL	29d. DATE S	IGNED (M	onth, Day, Year)
Ĭ	30. NAME AND ADDRESS OF PERSON WI	UMH		iype, Print)					
	1 CG 2 71993	32. REGISTRAL	R'S SIONATURE						

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020	ned within fours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I
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	1. DECEDENT'S NAME (First, Middle, Last, Beatrice V.				THE PARTY		"4 9"5	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX G. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	IRTHPLACE (State or For
	213-05-3898	14	YRS.	MONTHS DAYS		(Month, Day, Year)	1 6	C COLL COL
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWI	N OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
DIRECTOR	St. Agnes Hospi	tal		Baltin	more City		Balti	more City
REC	10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOC	CATION			10d, INSIDE CITY
		imore Co.	Ca	tonsvi	lle		4.1	1 TYES 2 1
ME	10e. STREET AND NUMBER		100		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
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ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUSTR	
Ш	(Specify only highest grad	completed) College (1-4 or 6+)	(Give kind of a	work done during se retired.)	most of working			
P	11th Grade		Homen	naker				
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Sumame)	
ш	Howard Lee Bai	r, Sr.			Mamie	Barnes		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	at and Number or Rural	Route Number, City or Tow	m, State, Zip Code	)
ř	Mr. Allan B. Fle	ming	2641 I	sland 1	Brook Dr.	Las Vega	s, NV	89108
	20a. METHOD OF DISPOSITION	mount from State	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LO	CATION - City o	or Town, State
	4 Donation 5 Other (Specify)	Mo	organ Cha	ipel Cer	metery 12	-28-93 Wo	odbine,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			AND ADDRESS OF FA	Funeral D	iroctor	a D A
1 1	1 John K	Aum Pa	1/2			iberty Rd.		
	23. PART / Enter the diseases, or	complications that cause	ed the death. Do r					Approxima
	ahock, or heart failure	. List only one cause on	each line.					Interval Be Onset and
	disease or condition	Contra	O Son fr	wel (I	AR hour	in sheep		22.8
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	P):	TO TOOL	is phera	1	Caller
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<b>LIFICATION</b>	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF	F):				
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ATTA HE STANDARY SIGNATURE (Sometal

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burs after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, base 5 should be detached for use as the burial-trans. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely.

93 37422 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO.		37422
77	1. DECEDENT'S NAME (First, Middle, Lea HARRY	L.	F	ITCH		2. DATE OF DEATH DO DECEMBER 2	o, 1993	3. TIME OF DEATH 5:20 A
	4. SOCIAL SECURITY NUMBER 227- 14- 9680	1 🖄 M 2 🗆 F	75 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-01-18	VĨĨ	THPLACE (State or Foreign Intry) RGINIA
TOR	90. FACILITY NAME (If not institution, give THE JOHNS HOPK RESIDENCE OF DECEMENT				RE CITY	лн	9c. COUNTY OF	/a
DIRECTOR	10a. STATE 10b. COUR	n/a		OWN OR LOCAT ALTIMORE	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2061 KENNEDY AVEN	IUE .		101	21218		109. CITIZEN O UNITED	STATES
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 WWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC If yes, spi 1 YES	cify Cuban, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, atc.)	В	ACE — American Indian, lack, White, atc.
APLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12) 7 th		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re LABORER	done during mo	N It of working	166. KIND OF BUS		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) GEORGE FITCH				18. MOTHER'S NAM IRENE	E (First, Middle, Malden	Surname)	
10	199. INFORMANT'S NAME (Type/Print)  JUNE PITT					IMORE, MARY		18
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emovel from State 20b.	PLACE AND DATE OF D	ENETERY	me of		LTIMORE,	
	21. SIGNATURE OF FUNERAL SERVICE  23. PART 1. Enter the diseases, or should be been delivered.	3follard	the death. Do not	WM. C.		- 1101 E. N		Approximata
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	С.	CONSEQUENCE OF):					
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MEDICAL	PART II. Other algorificent conditi	dione contributing to death but \$\frac{1}{5} & \frac{1}{5} & \frac	-	the underlying	cause given in P	Part I. 24a, WAS AN PERFOR	MED?	AVAILABLE PRIOR TO
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TO THE MOST IN. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physician.	The property ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per		important in them 28 is marked or item 22 shows any injury or other fraumatic event the medical examinar must be notified at once
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2	F	we ment written 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFFI
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37423 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH M4UAM 12 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign 6. AGE (in yrs. last birthday 7. DATE OF BIRTH (North, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 0 M 2 0 F D.C. Washington, So. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR itgomera RESIDENC DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
TEN YES 2 NO Rockville Maryland Montgomery FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10500 Rockville Pike 20852 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES CIVE MAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexicon, Puerto Rican, stc.)

1 YES ON Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY Cardcasian 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) President Liquor Wholesale 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rebecca Master David Falk BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Perla Falk Same address as #10 20a. METHOD OF DISPOSITION
1 [XBurial 2 ] Cremation 3 ] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of David Company of Company of David Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Compa 4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES "Tves-Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Interval Between **Onset and Daeth** IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIAC ARREST MIN DUE TO (OR AS A CONSEQUENCE OF): DISEASE ORONARY ARTERY 25 4804 CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL CORONARY SURCERY 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Check only one! HOSPITAL:
1 | Impetient 2 | ER/Outpetient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Check only Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Attending 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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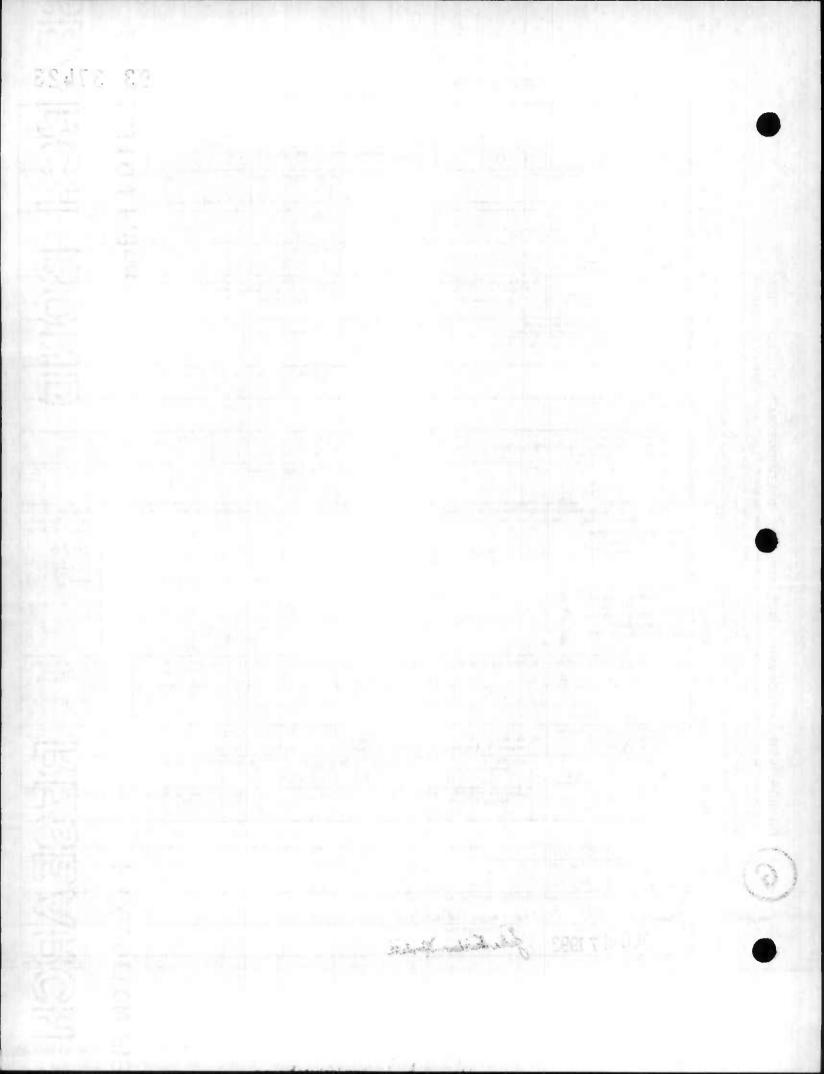
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12. BEGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37424 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Sr. M. Paul Feaga 7:45 24 AM 1993 Dec 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 1 DM NET DAYS HOURS MIN. YRS. 220-54-8360 June 1 1905 Mo should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR The Villa Pages 1, 2, 3 Baltimore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 6806 Bellona Avenue 21212 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 200 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION

18a DECEDENT'S USUAL OCCUPATION

18a DECEDENT'S USUAL OCCUPATION

18a DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Religous Sister Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To 6 Charles A. Feaga Lillie M. Kehn BE page 5 should notified retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6806 Bellona Avenue Sisters of Mercy 9 20a. METHOD OF DISPOSITION
1 🖾 Buriel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must funeral director, Woodlawn Cemetery 4 Donation 5 Other (Specify) 12-27-93 Baltimore examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1100011 n by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, in by ahock, or heart fallure. List only one cause on each line. Interval Between 0 filled **Onset and Death** IMMEDIATE CAUSE /Final npletely filler cremation, the Accident disease or condition resulting in death) 624 hours Cevebrovasco event, DUE TO (OR AS A CONSEQUENCE OF): E03 and com Incorpolled untrown CERTIFICATION traumatic Sequantially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events 2 attending physician ntal Hygiene prior to other DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 the attent injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the the MEDICAL Health and AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? эпу GASTRITS 1 TYES 2 NO shows HIPOMINOIDEM 1 YES 2 NO has been s Dept. of H PHYSICIAN: . OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has by hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) this certificate his with the State D HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 a Could not be COMPLETED 4 Homicide 28 Hem 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. HOSPITAL (
FUNERAL D
within 72 h
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IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year)

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REGISTRAR'S SIGNATURE

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CHAMLES

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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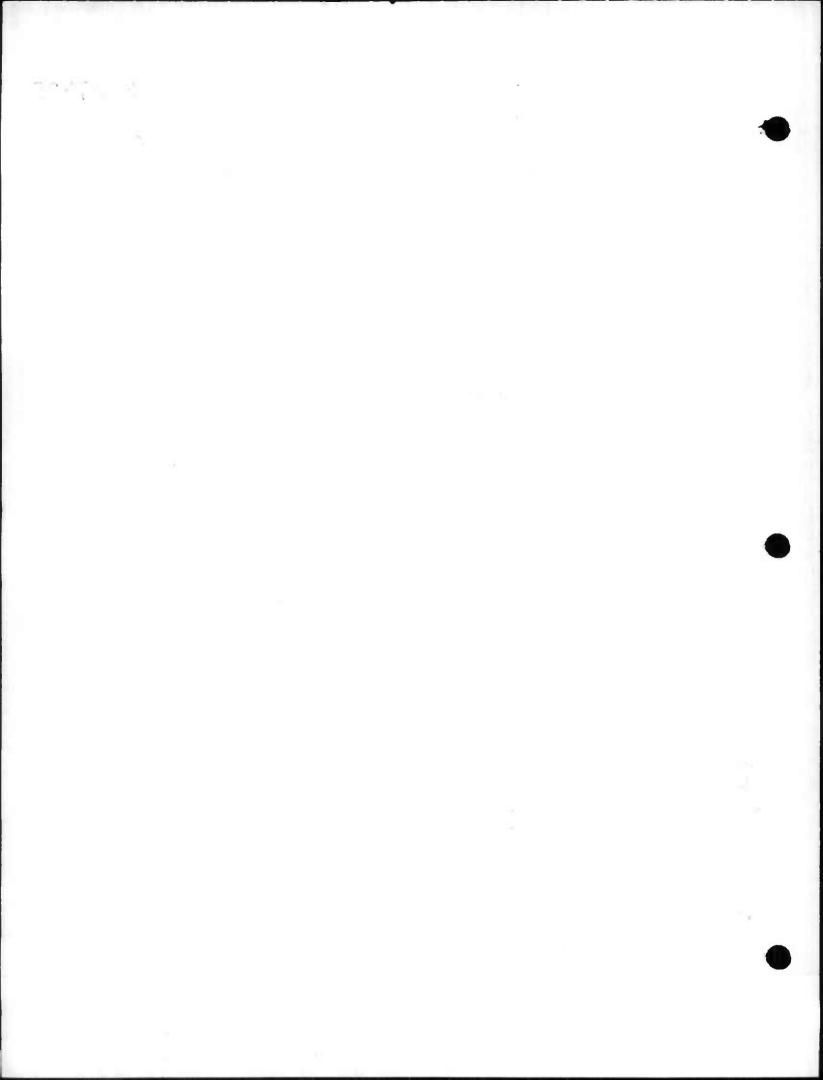
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Pages	DIRECTO	10e. STATE 10b. COUNTY	WARD		OLUMB				10d. INSIDE CITY LIMITS? 1 YES 2 NO
t permit.	ERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
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den de	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
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5 5 5	유	MARY P. GLOVER	(WIFE)			EIGH DRI		MBIA MI	21046
pa ay		20s. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Removal fro	om State 20b. PL	ACE AND DATE OF DIS	SPOSITION (Ne		DATE 20c. LO	CATION — City or 1	Town, State
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the death y the atte d Mental Injury,	L CE	PART II. Other eignificent conditione cont	ributing to deeth-but	not resulting in th	e underlying	Cause given in Per	t I. 24s. WAS AN	ALITORSY 24	b. WERE AUTOPSY FINDINGS
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JAN:	HYSI	1 YES 2 NO 1 Ir	se. DATE OF INJURY		HER: Nursing Home 28c. INJU	5 Residence S			
(EE	BY P	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 N	RK? ES 2 NO	d. DESCRIBE HOW IN		
OR ATTEN DIRECTO hourn aft	ETED	4 Homicide determined	8a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	, factory, office	28	I. LOCATION (Street a City or Town, State)	nd Number or Rural	Floute Number,
	COMPL	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the							a), and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TIPLE OF CERTIFIER	now	oto		29c. LICENSE NUMBER	106	DATE SIGNAL	2.4193
₽ ₽ 2 <b>3</b>	2	30 NAME AND ADDRESS OF PERSON (F) COMP	LETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	,	OLNE	4 MT	20	937
10		31. DATE FILED (Month, Day, Year) DEC 2 71993	2. REGISTRAR'S SIGNATU				, 10		UJE
		720 21 1000	The source of	market					

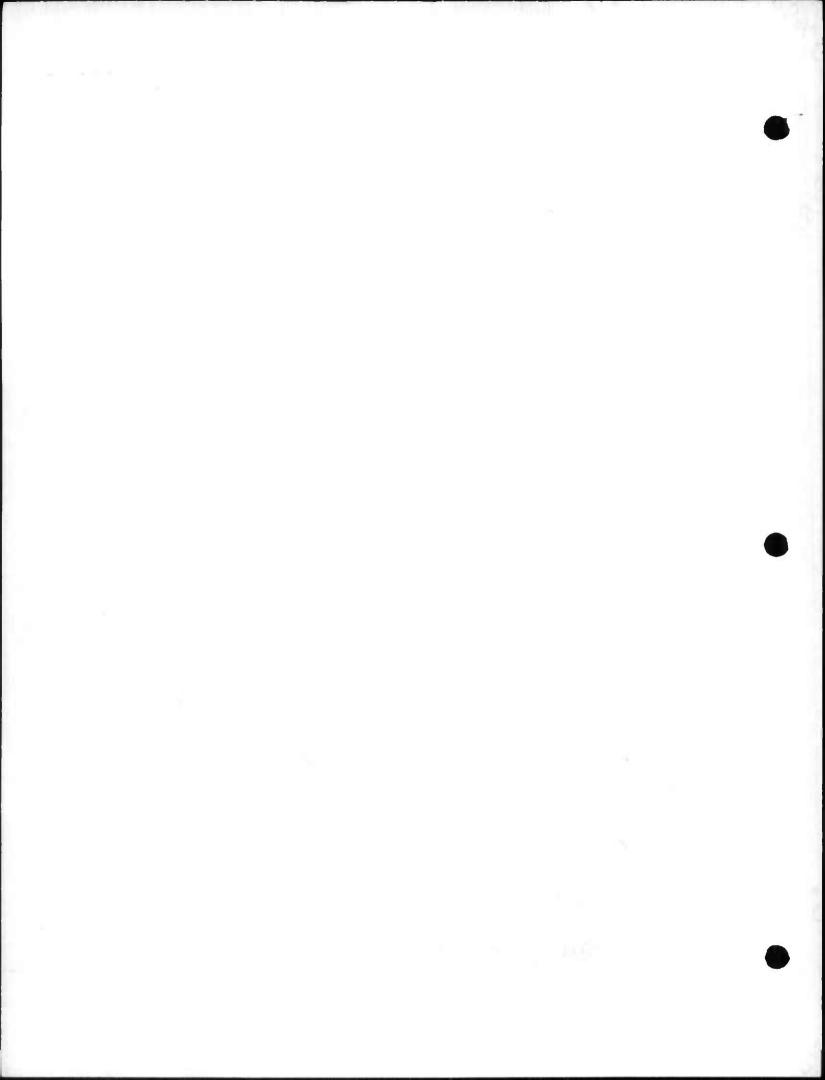
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



31. DATE FILED (Month, Day, Year)
DEC 271993

The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physician.	erbificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hydiene prior to burlat, cremation, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNCTION CODE THE PARE THE COMPLETE AND DEED SIGNED BY THE STRENGING physician and completely filled in by the Item with Ite State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT HER SE IN MARKED, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	HEALTH	AND I	MEN	HYGIEN	E	3	37426
70	1. DECEDENT'S NAME (First, A	Aiddle, Last)								2 1	DATE OF DEATH	_		3. TIME OF DEATH
15	THE T CHANDOM			CIPION							ONTH DA	W	YEAR	3. TIME OF BEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	GARLOC						-	12 24		93	6:15 A. M
	4. SOCIAL SECURITY NUMBER	"		6. AGE (In yrs. i		IF UNDER	DAYS	HOURS	MIN.	7. 0	Month, Day, Year)		8. BIRT	HPLACE (State or Foreign try)
	218-22-4545		1 ★ M 2 □ F	67	YRS.	111111111111111111111111111111111111111					5-30-26			MARYLAND
l V	9a. FACILITY NAME (If not insti	itution, give st	reet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE			9c. COU		
BO	24 ANDERSON	DTIVE	מגסם י					C) III	NTCT 77"	T T T	-			THORE
DIRECTOR	RESIDENCE OF DECE	DENT	LICAD				_	CATO	NOAT	ابليا	-t,		SALT	IMORE
JE (	10e. STATE	10b. COUNTY			10c. Cl7	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
ā	MARYT.AND	BALI	IMORE			C7	MOTA	SVIL	LE					LIMITS?
AL	100. STREET AND NUMBER						_	f. ZIP COD				10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	24 ANDERSON	RTICE	UZOA '						21:	ววเ	0			
N	11. MARITAL STATUS	TADOL	12 MMC DECEDES	T EVED IN HE	DMED	40	WM 0 DEC	OCHOCKY.			RIGIN? (Specify Yee			.S.A.
	1 Never Married 2 M	erried	FORCES? 1	YES 2	NO		If yes, sp	ecify Cubi	ın, Mexica	in, Pu	erto Rican, etc.)	or No-	14. RAC Blac	E — American Indian, ik, White, etc.
BY	3 Widowed 4 Divorce	ed	IF YES, GIVE V	WAR OR DATES	-		1   YES	ZXXNO	Specify	y:			Spec	WHITE
	15 DECE	DENT'S EDUC	ATION	100.0	ECEDENT'S	1101141 0	00110170	241				I		***************************************
E	(Specify only to	nighest grade	completed)		Give kind of le. Do NOT u	work done	during mo	ost of worki	ng		16b. KIND OF BUS	IINESS/INO	USTRY	
7	Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)										
COMPLETED	8				MIX	⊡R					MAXUS EI		CH	EMICALS
웅	17. FATHER'S NAME (First, Mide							16. MOT	HER'S NA	ME (F	irst, Middle, Malden	Surname)		
BE	DANIEL GAR													
2	19a. INFORMANT'S NAME (Typ)	e/Print)		1	9b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural F	Route	Number, City or Town	n, State, Zip	Code)	
-	TONY DEMSKI	(STEP	-SON)	2	24 ANI	DERSC	N R	IDGE	ROAI	D (	CATONSVII	JE.	MAR	YLAND 21228
	20a. METHOD OF DISPOSITION			20b. PLAC	ANDDATE	OF DISPOS						CATION —		
- 1	1 Donetion 5 Other (S		rval from State	METRO	rematory or c	ther plece)	v ·	12-2	7_93	1	CATY	MCTIT	TTE	, MARYLAND
l i	21. SIGNATURE OF FUNERAL	ERVICE LIC	ENSEE	1	CIGI			ND ADDRE		CILITY	Y	DIADAT	نائنان	IMARILAND
1	De gare	00.	1.3	4		LE	ROY	M. 8	& RUS	SSE	ELL C. W	ITZKE	FU	NERAL HOMES
_			- 3	BER		16	30 1	EDMO	NDSON	N. A	VENUE C	ATONS	VIL	LE. MARYLAND
	23. PART I. Enter the disc	easea, or c	omplications/the	d nousend the	lookh Do									
		ert fellure I	lat only one cer	ise on each lie	eeth. Do	not enter	the mo	de of dy	ing, suci	h aa	cardiac or reeple	ratory arm	est,	Approximata
	IMMEDIATE CAUSE (Finel	ert fellure. L	lat only one ceu	ise on each lin	ie.						4	ratory arm	est,	Approximata Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	ert fellure. L	San a	ise on each lin	ie.						4	ratory arm	est,	Interval Between
	IMMEDIATE CAUSE (Finel	ert fellure. L	Squa	OR AS A CONS	. Ce	le.					Cardiac or respir	ratory arm	est,	Interval Between
z	IMMEDIATE CAUSE (Finel disease or condition	ert fellure. L	Squa	mous	. Ce	le.					4	ratory arm	est,	Interval Between
NOI	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition	ne,	Squa DUE TO	mous	EOUENCE O	P):					4	ratory arm	est,	Interval Between
ATION	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYING	ne, ate	Squa DUE TO	MCTUS (OR AS A CONS	EOUENCE O	P):					4	ratory arm	est,	Interval Between
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TO B	19a. INFORMANT'S NAME (Type/Print)  Janet R. Hare					nd Number or Rural F Road, To				
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	4 Donation 5 Other (Specify)		Druic	Ridge	Cemete		/28/93	Pikes	sville	e, Md.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	MARGARET	Γ CL	ALREA	GALL	Į AN	8		2. DATE OF DEA	TH DAY 2 good	YEAR	3. TIME OF DEATH PM
50		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	'n	93 8. BIRTHP	LACE (State or Foreign
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phoods	-	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT							
2,	DIRECTOR	Good Samaritan H	ospital			Baltimore City							
ges 1	EC	10e. STATE 10b. COUNT			10e. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
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Page P		20e. METHOD OF DISPOSITION		20b. PL 4	CEANDOATE	DEDISPOSIT	TION /A/	ama of	s ка.		More, MI		
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E SE		23. PART I. Enter the diseases, or a shock, or heart failure.	complications that List only one cau	caused the	deeth. Do i	not enter t	he mo	de of dyl	ng, such	na cardiac or	reapiratory an	reat,	Approximate Interval Between
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B 10 10	z	Angina nectoris											2 months
4 8 " 0 5	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):							A M Bally
P p p		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CON	ISEGUENCE D	F):							
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1. DECEDENT'S NAME (First, Middle, Last)
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Í	John C. Miller, Inc. 6415 Belair Road, Baltimore, Mary 23. PART i. Enter the diseases, or complications that caused the death po not enter the mode of dying, such as cardiac or respiratory errest,										yland 2120	
ł	IMMEDIATE CAUSE (Fi		List only one cause								Onset and Dea	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

GANTZ

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

K, ENNETH

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5. SEX

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3. TIME OF DEATH

2. DATE OF DEATH MONTH Dec 24 1993EAR

7. DATE OF BIRTH (Month, Day, Year)
July 10, 1908

6. BIRTHPLACE (State or Foreign Maryland

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	TO THE FUNERAL CHREATOR WAR MAN CASHING BE AS DEEN SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR Annual rate destinate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted be filed within 72 hours and we may be a filed within 72 hours and we may be a filed within 72 hours and we may be a filed within 72 hours and we may be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed within 72 hours and we will be a filed with

31. DATE FILED (HONTH, Day, Mar)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

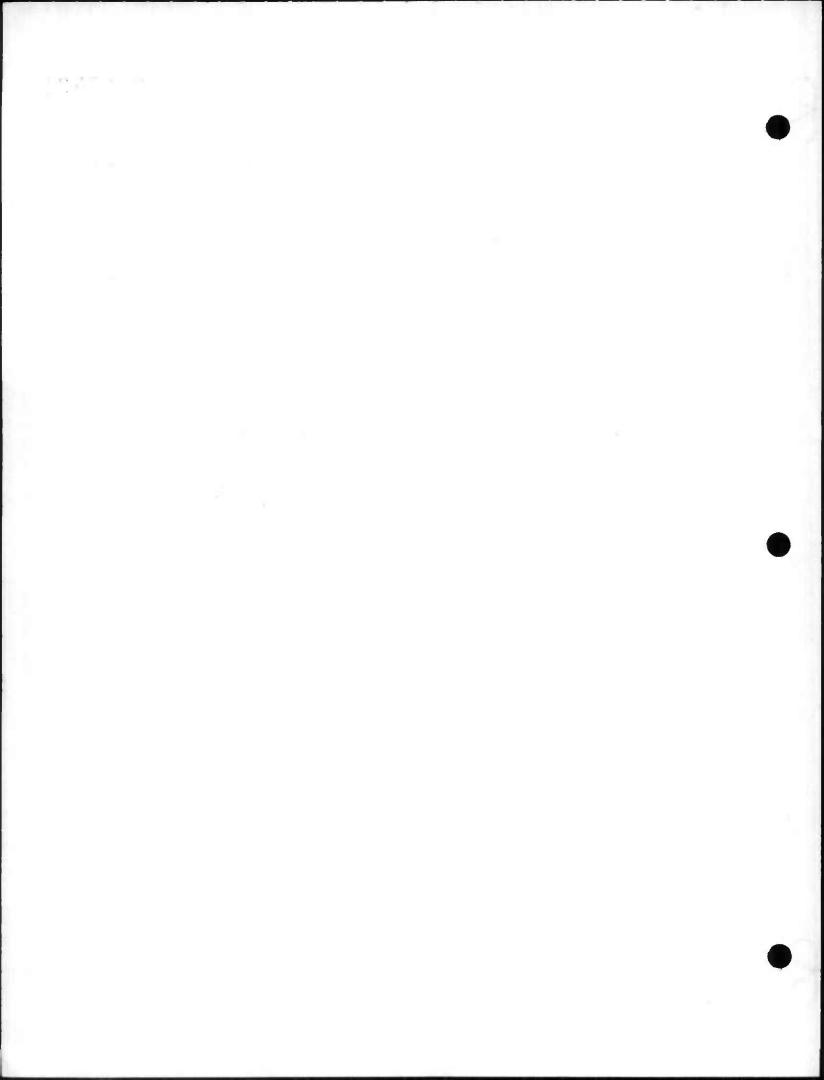
	FOR STATE REGISTRAR		STATE OF N	MARYLAND /				HEALTH DEAT		MENTA	L HYGIEN	-	3	37430	
Ä	1. DECEDENT'S NAME (First, Middle,		SON							2. DATE	OF DEATH	MY C	) YEY	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-32-4848	5	5. SEX 8. AGE (In yrs. 1 Age (In yrs. 95				DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) May 8, 1898		398	8. BIRTHPLACE (State or Country) 8 Texas		
тов	9a. FACILITY NAME (If not institution,  Med Bridge  RESIDENCE OF DECEDEN	N.H				96. CITY, TOWN OR LOCATION OF DI ROSSVille									
DIRECTOR	10e. STATE 10b. CC	UNTY	more			v, rown unda						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3434 Dunran						10	2122					S . A	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF	NO	13.	If yes, sp	CENDENT O	n, Mexica	an, Puerto	1? (Specify Ye Ricen, etc.)	s or No—	14. RACE Black, Specifi	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) 8 t h	grade con	ION npleted) College (1-4 or 5 +	) (G	. Do NOT us	work done se retired.)	during m	ON ost of worldn	-	164	Feder				
	17. FATHER'S NAME (First, Middle, Les Robert Lee G	•	on								Middle, Maiden				
TO BE	190. INFORMANT'S NAME (Type/Print)  Joe H. Gibso	n							or Rural	Route Num	ber, City or Tow			3	
	20e, METHOD OF DISPOSITION 1. Burial 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE			20b. PLACE cometery, cre	AND DATE	of DISPO	n C	eme of em. NO ADDRES	S OF FA	rera	20c. LC 7 BA		Du:	ERG, MD.	
	23. PART i. Enter the disesses, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	or com ure. List	t only one cau	se on each ilne	).	not ente	the mo	ode of dyl	ng, suc	h aa csr	disc or resp	Iratory srn	at,	Approximate interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b c d	DUE TO	OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS	DUENCE OI	F): /	nsiz								
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SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	H	OSPITAL:	ER/Outpatient 3		ОТНЕ	A:	LACE OF DE							
ву рну	27. MANNER OF DEATH  1  Meturel		26e. DATE OF (Month; Da	1NJURY 19, Year) 19/93	26b. TIM INJ	E OF URY AM	28c, IN, WC	IURY AT DRK?	/		(Specify)	NJURY OCC	URED		
	3 Suicide 8 Could no 4 Homicide determine		26e. PLACE Of building, o	FINJURY — At ho etc. (Specify)	me, ferm, s	street, fac	tory, affic	•		281. LOC City	ATION (Street or Town, State)	and Number	or Rural Ro	oute Number,	
COMPLETED				my knowledge, de amination end/or i										end manner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION OF COLUMN 30. NAME AND ADDRESS OF PERSON	IFIER	MD					29c. LICE						Month, Day, Year)	

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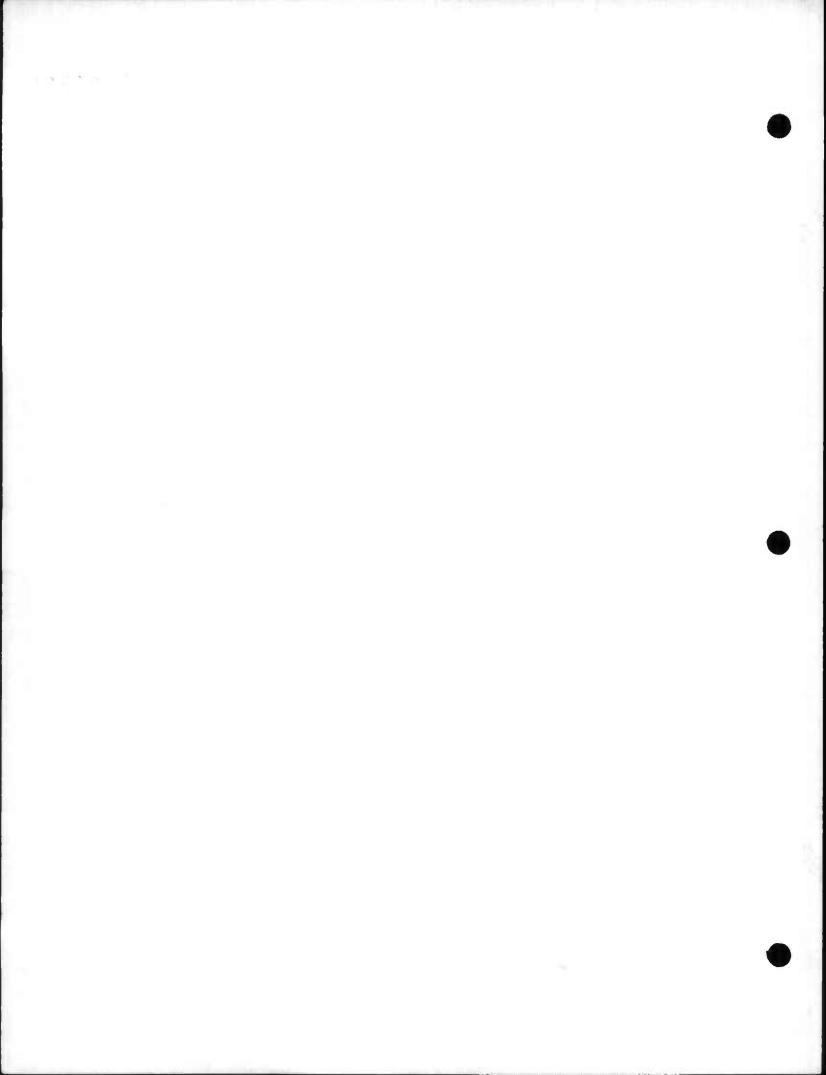
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Mary Jane Harper								2. DATE O	, 0	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS	7. DATE O	m her	241	993	NPLACE (Statu or Foreign
172-03-4539	1 - M 2 X F	YRS.	MONTHS DAVE			HOURS MIN.		t 10,	1912	Count	sylvania	
9e. FACILITY NAME (If not institution, give	street and number)	81	9b. CITY.	TOWN OR	LOCATIO	ON OF DE				COUNTY OF DEATN		
1120 Rve Gate Ro	he			Tow							altimore County	
1120 Rye Gate Ros RESIDENCE OF DECEDENT  10e. STATE 10e. STATE 10e. STREET AND NUMBER 1120 Rye Gate Ros 11. MARITAL STATUS  1 News Marital 2 Married 1 Married 1 Married 2 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Married 1 Marri												
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3 X Widowed 4 Divorced	IF YES GIVE WAR OR DATES				YES 2	XNO	Specify	у:			Specify: White	
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17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Mi	ddle, Maiden	Sumame)		
Walter Lawrence	Nicholas					Jo	hann	a			(	Gretz
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILINO	ADDRESS	(Street and	Number	or Rural F	Route Numbe	r, City or Tow	n, Stete, Zip	Code)	
Susan D. Koch		11	L20 R	ye G	ate I	Rd.	Tows	son, l	Maryla	and 2	21286	5
26e. METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Rem	novel from State	20b. PLACEA			TION (Name	e of		DATE	20c. LO	CATION -	City or To	own, State
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6500 York Rd						Ka.	Bal	timore	e. Ma	III. Y JLC	and 21212	
23. PART I. Enter the diseases Dr	23. PART I. Enter the diseases Dr complications that caus shock, or heart failure. List only one cause on							Balt				Approximats
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	THE REPUBLIC PHYSIC	The DIRECTOR After this cer	Z hours with the	il Them 28 is marked, (
	TO THE HOM	TO THE PURE	be filed with	IMPORTANT

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG.	NO.				
		arvard				2. DATE OF DEAT		1773	3. TIME OF DEATH 7:10 A M		
	4. SOCIAL SECURITY NUMBER 217-50-7775	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthday) 46 YRS.	IF UNDER 1 YEAR MONTHS DAY	HOURS MIN.	7. DATE OF BIFTTY (Month, Day, You Aug 4,	nr)	Countr	PLACE (State or Foreign ryland		
DIRECTOR	es. FACILITY NAME (If not institution, give s Liberty Medical RESIDENCE OF DECEDENT				n or location of de Baltimore	ATH	9c. COL	UNTY OF D	EATH		
BEC	10a. STATE 10b. COUNT	7	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
	Maryland 100. STREET AND NUMBER		Ba	altimor				1 XYES 2 NO			
FUNERAL	3604 Park Height				21215		10g. CIT	VHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yea,	ECENDENT OF HISPAN apacify Cuban, Maxical ES 2 NO Specify	n, Puerto Rican, etc	y Yea or No— .)	14. RACE Black Speci	E — American Indian, c, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during	TION most of working	16b. KIND OF	BUSINESS/IN	DUSTRY			
MP	9th Grade		Cons	structi	on	P	eak-Lo	ad			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me					
BE	Ephraim Harvard  190. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Street	Me].1:	ssa DeVo		in Codel			
임	Kenneth Harvard				Cove Road		bia, M		1046		
ľ	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE O	F DISPOSITION					21046 y or Town, State		
	4 Donalion 5 Other (Specify)		Cedar Hill	Cemet	erv	12/23	Anne Au	runde	el Co, MD		
	21. SIGNATURE OF FUNERAL SERVICE U	eker		2501 Balt	Gwynns Finore, Ma	Nutte	r Fune	ral I	Homes, Inc.		
	23. PART I. Enter the diseases, or o shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse	on eech line.	ot enter the	node of dying, suct	n ss cardiac or n	espiratory ar	rest,	Approximate interval Between Onset and Death		
LION	disease or condition resulting in death)  Nentricular Arrhythmias  Uentricular Arrhythmias  Thr  Due to (or as a consequence of):  Probable Myocardial Infarction  Ihr  Oue to (or as a consequence of):  Oue to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	):							
C	PART II. Other significent condition	s contributing to de	eth but not resulting in	the underly	ing ceuse given in i	Part I. 24a, WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	Hypertens					PER	S 2 D NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Che	ck only one)					
78	1 TYES 2 THY NO	HOSPITAL:	/Outpatient 3 DOA	OTHER: 4 - Nursing H	ome 5 - Residence	B ☐ Other (Specify)					
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day, 1	URY 26b. TIME ber) INJU	RY	NJURY AT YORK? YES 2 NO	28d. OEŞCRIBE HO	W INJURY OC	CUREO			
- 10	3 Suicide 6 Could not be detarmined	28s. PLACE OF IN building, atc.	JURY — At home, ferm, st (Specify)	reet, factory, of	Nea	261. LOCATION (Str. City or Town, S	est and Number tate)	r or Rural R	oute Number,		
COMPLETED			knowledge, death occurred						and manner as stated.		
IO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER  10 10 1	icks III	M.D.		D413	65	PD.	esigneo Lec l'	(Month, Day, Year) 9, 1993		
	A	icks III	F DEATH (ITEM 27) (Type, I	2600	) Liber	ty He	ight	's A	ve		
	nfc 271993	32. REGISTRANS	Frience								



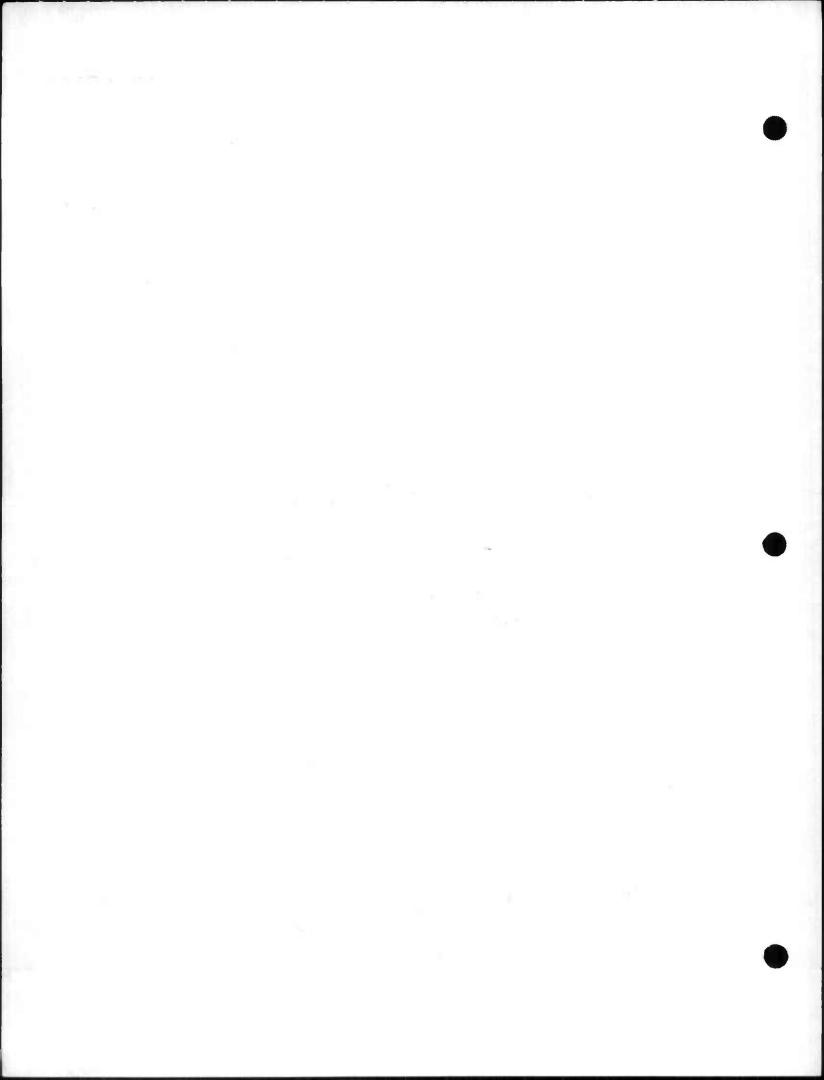
	1. DECEDENT'S NAME (First, Middle	( Last) Mahle	ANOL	Hetzner		4	2. DATE OF DEATH MONTH	DAY 2.5	YEAR	1357
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In )	yra. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPLA	CE (State or Fore
	218-12-6374	1 🗆 M 2 🖾 F	77	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 6,	1916		Caroli
TOR	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  Randallstown  Baltimore  RESIDENCE OF DECEDENT									
DIRECTO		Baltim	ore	10c. CITY	Hebby:					. INSIDE CITY LIMITS?
FUNERAL	6 Rollwin Ro	ad			10	f. ZIP CODE 21244			J.S.A.	COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced		ENT EVER IN U 1 YES WAR OR DATE	2 NO	If yes, sp		ANIC ORIGIN? (Specify Year, Puerto Rican, etc.)	les or No—	Black, Wh Specify:	American Indian ilta, atc.
ETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION at grade completed)  College (1-4 or I			USUAL OCCUPATION done during more retired.)		16b. KIND OF B	USINESS/IND		
	6th Grade	001090 (1-4 01 )	,	Home	maker					
COMPL	17. FATHER'S NAME (First, Middle, L.	*				18. MOTNER'S N	AME (First, Middle, Maide	n Sumame)		
BE (	Burde		uff				Barnette			
TO E	19a. INFORMANT'S NAME (Type/Prin						Route Number, City or To			4-1
	Miss. Margueri	te Hetzner					more, MD	21244		
	20e. METNOD OF DISPOSITION  1 Derivation 3 Other (Specific				r Faith	_{eme of} Cemetery	DATE 20c. 1		nore, l	
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	/		22. NAME A	ND ADDRESS OF F	ACILITY			
	23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition resulting in death)	es, or complications the	nat caused to	he death. Do n	8728	Liberty	Funeral D Road Rand ch as cardiac or res	dallst	town, 1	Approximat interval Bat
RTIFICATION	shock, or heart to IMMEDIATE CAUSE (Finel disease or condition	a. DUE T	O (OR AS A C	ha death. Do no hilline.  ONSEQUENCE OF	8728 not enter the mo	Liberty	Road Ran	dallst	town, 1	Approximat interval Bat
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

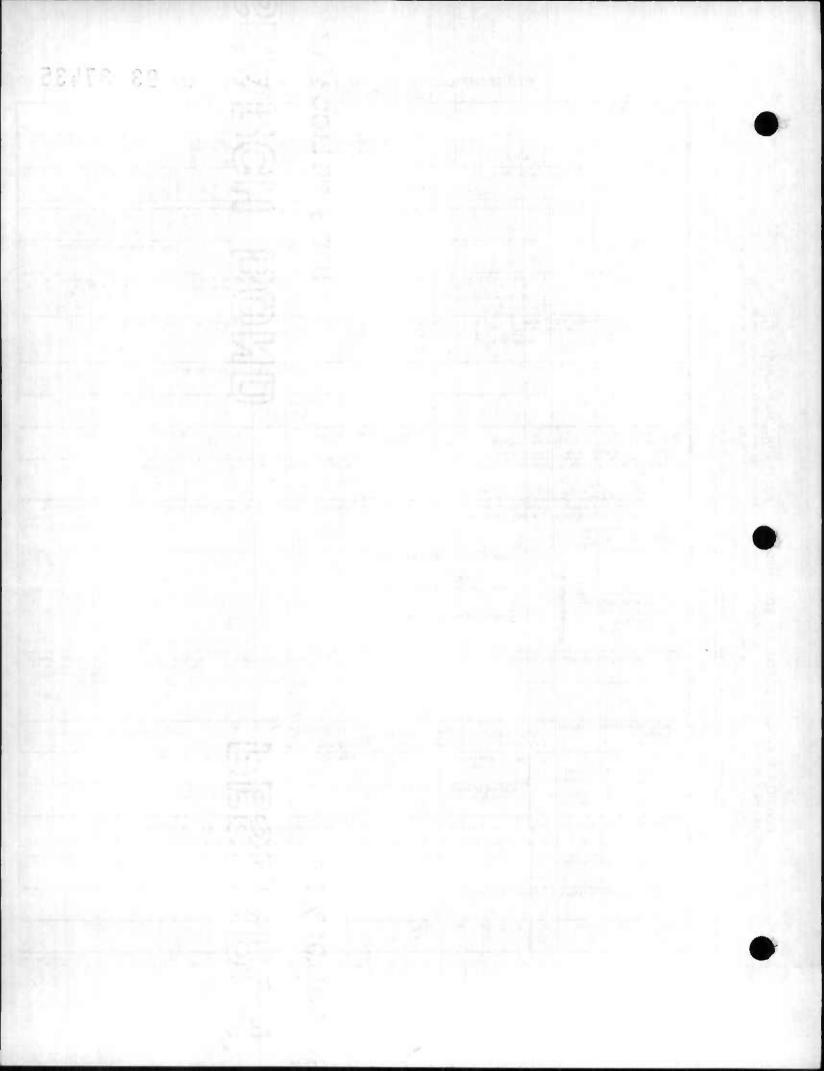
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

1	1. DECEDENT'S NAME (First,	Middle, Lest)	BARBARA	HAY	MAN	HANN	JAH			2, DATE OF	OEATH 2	- 19	9.3 TEXR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	<del>SHKH</del>	5. SEX	NAH						12	19	9.	3	I 3:00A H
	559 14 77		1 M 2 F	, ,	s. lest birthday) YRS.	IF UNDER 1	DAYS	HOURS	MIN.	7. DATE OF (Month, D	ny, Year)	•	8. BIRTI Count	HPLACE (State or Foreign ry)
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18	RESIDENCE OF DEC		dane			An						e A	rundel Co	
DIRECTOR	10a. STATE	10b. COUNT	Arunde		10c. CIT	Y, TOWN OF	, TOWN OR LOCATION 10d.					10d. INSIDE CITY LIMITS?		
	Maryland	A	nnap								1 YES 2 NO			
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	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	H	yes, sp	ecify Cuba	ın, Maxica	IIC ORIGIN? (S n, Puerto Rica	ipecify Yea n, etc.)	or No-	14. RACI Blac	E — American Indian, k, White, etc.
Β¥	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES		1	_ YES	2   NO	Specify	<b>/</b> :			Spec	"y: White
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION COmpleted)	16a	. DECEDENT'S	USUAL OC	CUPATIO	ON .	-	16b, KII	ND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0		College (1-4 or 5	+)	Me. Do NOT us	se retired.)	ring mo	St Or WORK	'Ng	Hom	ema)	ker		
M M							_					_		
	17. FATHER'S NAME (First, M. Howard G:		2 trm 2 n							ME (First, Midd				
BE	19a. INFORMANT'S NAME (7)		ayman		195 MAILING	ACCRECE	/Ctmat a	Haz	ze I	Dell Route Number,	Hay	man	(Bu	ck)
2	Mr Glyde		h							Annaj				404
	20a. METHOD OF DISPOSITI	ON			CEANDDATE	OFDISPOSIT			ane,	DATE			City or To	
	4 Donation 5 □ Other	(Specify)		cemelery	r, cremetory or o	ther plece)								
	21, SIGNATURE OF FUNERAL	SERVICE LIC	Rona	ald Wa	ade,D:	22. N	AME AN	ID ADDRE	SS OF FA			7		
	mien	41	Mule		,5.	State Anatomy Board 655W.BaltimoreSt,Balto,MD21201						Board		
	23 PART I. Enter the di	seases, or c	complications the	t caused the	death. Do r	not enter t	he mo	de of dy	ing, suci	h as cardiac	or respi	ratory ar	rest,	Approximata
	IMMEDIATE CAUSE (Fin		1							4				Interval Between Onset and Death
	disease or condition resulting in death)	<b>→</b>	. Vudde	2u	caro	lin		de	ati	h				Enstant
			DUE TO	(OR AS A CON	SEQUENCE OF	F):				4		1		
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Ē	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CON	SEQUENCE OF	F):								
ER	resulting in death) LAS		d,											
	PART II. Other significa	nt condition	e contributing to	deeth but no	ot resulting	In the und	erlying	Cause (	given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
AEDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC														OF DEATH?
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PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Che	ck only one)				
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B	2 Accident	nvestigation	28a PLACE O	E IN RIDY A	t home, farm, s	M		ES 2	NO					
8		Could not be setermined	building,	etc. (Specify)	t nome, sarm, s	streat, tactor	у, опісі			281, LOCATIO	on (Street e own, State)	nd Numbe	r or Runal F	Route Number,
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	THE SIGNATURE AND TITLE								NSE NUM					
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2	30 NAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUS	SE OF DEATH (	ITEM 27) (Type,	Print)		1	HD.	3.)			14	7~72
	YETER F.	VERI	KOYW	1833	ture	st D	1	Ann	abul	16 h	ND	210	101	
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- 4	DEO ~ 1 1	(	/										50	



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.  FUNERAL DIRECTOR: After this certificate base been signed by the attending physician and completely filled in by the funeral director, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, orientation, or removal.		death. Page 6 rr	funeral director, I.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creman	3	hours after	filled in by the tion, or removal
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		HOSPITA	FUNERA within 72

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	4. SOCIAL SECURITY NUI 2 1 5 7 6 4	MBER 146	5. SEX	8. AGE (In y	rrs. last birthday)	IF UNDER 1 YEA			100	BIRTHO -	14-	48 ABIRTI	HPLACE (State or Fo
	215-76-	4146	1 X M 2 🗆 F	4.	YRS.	MONTHS DAY	YS HOURS	MIN.	is/	14/4	14	U	SMary
ne	99. FACILITY NAME (If not institution, give street and number)  OM S University Hosp  Be / More Cocation of Death  Be / More Cocation of Death								ATH (	1		NTY OF E	DEATH
RECTOR	RESIDENCE OF DECEDENT						mo	19	100		n	a	
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BE C	Otho Jam	es HA	YNIE					izab			EUA	RT	
0 8	190. INFORMANT'S NAME				19b. MAILING		set and Number	or Rural R	oute Number,	City or Town	n, State, Zip	Code)	
F	Mrs Eliz	abeth	Haynie		9007	Purd	y Lan	e,Ba	altim	dfor	e,M	D 2	1208
	20a, METHOD OF DISPOS 1 Buriel 2 Creme		noval from State	cemete	ACE AND DATE OF		N (Neme of		DATE	20c. LO	CATION -	City or Te	own, Stata
	4 X Monation 5 12 Oth 21-SIGNATURE OF FUNES 23. PAPIT I. Enter the	or (Specify) S.	CENSEBRO TA	nt caused th	he death. Do no	655	W.Bal	time	orest	,Ba	lto,	MD2	Approxim-
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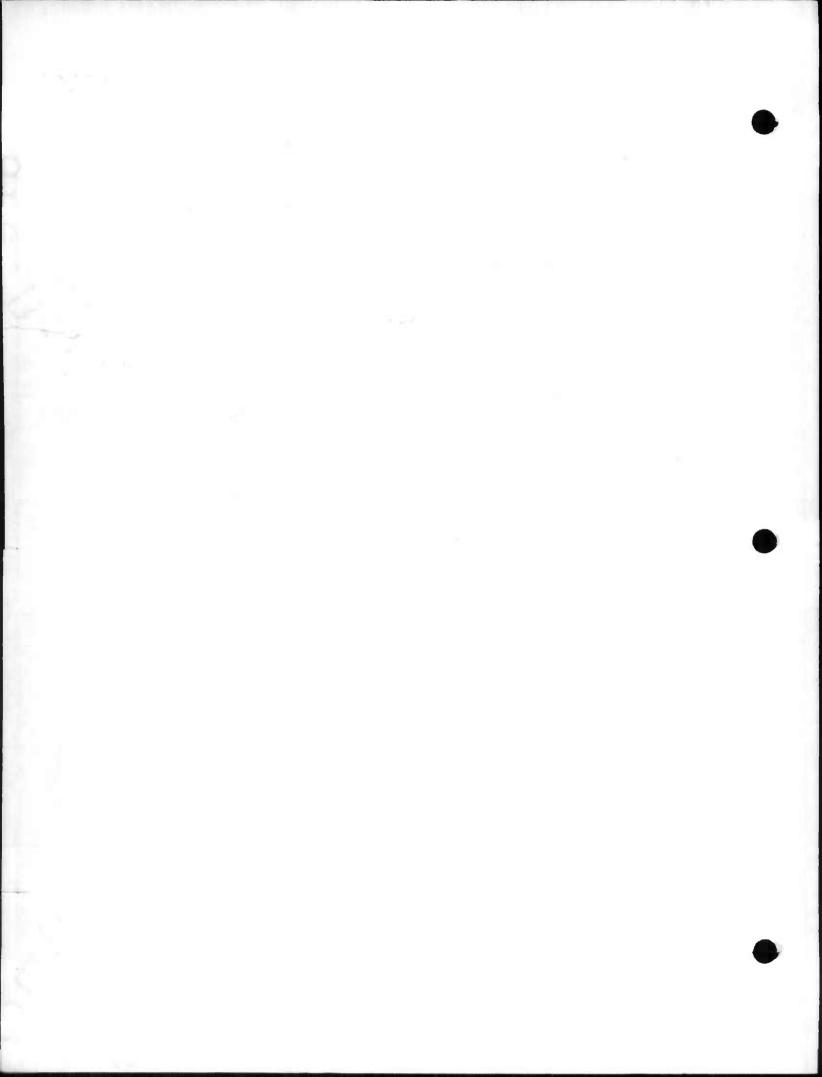
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 37436 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 12 20 -93 n/a **JACKSON** CALVIN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 67 223-28-6799 1 X M 2 F 5-14-26 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR N/A BALTIMORE 3940 PARK HEIGHTS AVENUE RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD N/A 1XXYES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP COOF 3940 PARK HEIGHTS AVENUE 21215 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, Whife, etc. FORCES? 1 YES 2 1 Never Married 2 X Merried 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th N/A VOEST ALPIN 17. FATHER'S NAME (First, Middle, Last) ta. MOTHER'S NAME (First, Middle, Meiden Sumerne) to RACHEL HILL JOHN JACKSON BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NIRA JACKSON 3940 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 21215 be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State filled in by the funeral director, pm, or removal, must GARRISON FOREST VA CEMETERY OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enfer the mode of dying, auch ea cerdiec or reepiratory arrest, Approximate ehock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel Metastalic cremation, the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): to If sny, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 the atten Mental I PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL and and any signed | 1 ☐ YES 2 ☐ NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Donatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this ( marked. Natural 2 Accident INJURY 5 Pending Investigation м 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide DIRECTOR: At hours after de item 28 is n 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. FUNERAL within 72 ? TO THE HOSPITA
TO THE FUNERA
TO FILE WITHIN 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, D 29c. LICENSE NUMBER BE G.M 22 390 41 12 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balting NIMMAGADDA VA Hospital 10 S. Green street MALE SIGNATURE

OHMH-16 Rev 1/89



	1. DECEDENT'S HAME (First, Mid	idle, Last)		1	o ( )		- OF	DEAT	2. D/	REG. NO		3. TIME OF DI
	Ec	2/	W.	Kni	CKr	na	n.	Sr.	MC	To S	54 9	EAR 93
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER 2	10.1	TE OF BIRTH onth, Day, Year)	0.	BIRTHPLACE (State of
	216-09-2728		1 M 2 D F	7	YRS.	MONTHS	DAYS	HOURS	MIN. (M	4-16-	-/7 M	laryland
~	9a. FACILITY HAME (If not institut	tion, give atre	et and number)	1	6	96. CITY	, TOWN (	OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
CTOR	NO HAS	FO	atins	0114	Tric	15	Bo	2/10	1	nD	Ba	140 C1
SE		b. COUHTY				TY, TOWN						10d. INSIDE C
DIRE	Maryland H	Baltin	more		В	alti	nore	High	lands			1 YES 2
FUNERAL	100. STREET AND HUMBER 4426 Brain St	treet					101	2122	7		10g. CITIZEI	N OF WHAT COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 Divorced	ried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	ARMED XNO		If yes, sp		Mexican, Pue	GIN? (Specify Ye to Rican, etc.)	s or Ho— 14	. RACE — American in Stack, White, atc. Specify: White
ED	15. DECEDE			16a.	DECEDENT'S				T	16b. KIHD OF SU	ISIHESS/IHDUS	
ᆸ	(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5	r)	life. Do NOT u	work done use retired.)	auring mo	st of working				
COMPL	9th		0	ma	chini	st				Mfg.	3744	
	17. FATHER'S HAME (First, Middle								R'S NAME (Fir	st, Middle, Maiden	Surname)	
BE	Herbert Knich				ton Manuel	O ADDRES	B (Ch	Rose	Print Day 1	humber Ch	Ord W. C	-(-)
2	Olivia W. Kni		1							umber, City or Tox		is, Md. 21
	20e. METHOD OF DISPOSITION				CE AND DATE							y or Town, State
	1 W Burlel 2 Cremetion :		al from State	cemetery.	cremetory or Have	other place)						ie, Maryl
	21. SIGNATURE OF FUNERAL SE	FRVICE LICE	NGCE .		0	22.	NAME A	NO ADDRESS	OF FACILITY			
	A Ce	7	6 -	-	7					Home of		lowne, Md.
RTIFICATION	Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	, <b>6</b> .	DUE TO	(OR AS A CON	SEQUENCE O	X)	3	AAG	+	SIO M	7	
ш								1000	1	16		
MEDICAL CE	PART II. Other algorificant of										RMED?	24b. WERE AUTOPS' AMAILABLE PRICOMPLETION COF DEATH?  1 YES 2
z	25. WAS CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check only one)								ATH (Check onl	y one)		
CIAN:	EXAMINER?		HOSPITAL:				R.					
YSICIAN:	EXAMINER?		Inpatient 2		_		sing Horr		Idence 6 🗆 C			
PHY	EXAMINER?  1  YES 2 HO  27. MANNER OF DEATH			IHJURY	28b. TII	4 (5) Hu	28c. INJ WC	URY AT	28d.	Rther (Specify) DESCRIBE HOW	INJURY OCCUP	RED
ВУ РНУ	EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Hetural 5 Pen 2 Accident Inve	ding stigation	28e. DATE OF (Month, E	HJURY Pay, Year)	266. TH	4 5 Hu ME OF JURY M	26c. INJ WC 1	ORK? YES 2	28d. HO	DESCRIBE HOW		
ED BY PHY	EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Hetural 5 Pen 2 Accident Inve 3 Suicide 8 Cou	ding stigation	28e. DATE OF (Month, 2	IHJURY	266. TH	4 5 Hu ME OF JURY M	26c. INJ WC 1	ORK? YES 2	28d. HO 281. I	DESCRIBE HOW	and Number or	RED  Rural Route Number,
ETED BY PHY	EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Hetural 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Homicide date  29e. CERTIFIER (Check only 1	ding stigation aid not be rmined	28e. DATE OF (Month, E) 28e. PLACE C building.	HJURY  PF INJURY — At atc. (Specify)  I my knowledge,	26b. TH	4 SHu ME OF JURY M atreet, tec	28c. INJ WC 1 tory, office	DURY AT DRK? YES 2	28d. 1 281. I	OCATIOH (Street City or Yown, State	and Number or	Rural Route Number,
COMPLETED BY PHY	EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Hetural 5 Pen 2 Accident Inve 3 Suicide 8 Cou 4 Homicide date  29e. CERTIFIER (Check only 1	ding stigation old not be rmined sing PHYSICI	28e. DATE OF (Month, L) 26e. PLACE Of building, An: To the best of on the bests of a	HJURY  PER INJURY — At atc. (Specify)  I my knowledge, examination and.	28b. Till IH IH IH IH IH IH IH IH IH IH IH IH IH	4 SHUME OF JURY M M atreat, tac	28c. INJ WC 1 tory, office	PART ORK?  YES 2   e e e e e e e e e e e e e e e e e e	28d. 1 281. I	OCATIOH (Street City or Yown, State	and Number or	Rural Route Number,
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTA	REG. NO.	93	,	3/43
	1. DECEDENT'S NAME (First, Middle, La	W. Kak	1			2. DATE	OF DEATH	YE	IP/	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTIN	9		VCE (State or Forei
-3	291-18-6239	1 M 2 F		ONTHE DAYS		(Mon	th, Day, Year)	C	ountry)	
	9a. FACILITY NAME (If not institution, g	Ive street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
ECTOR	St. Agnes Hospi			Baltimore City						
띮	10a. STATE 10b. COL		10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
DIR	Maryland Ba	altimore	Cat	onsvil	le				1	LIMITS?
₹ I	10e. STREET AND NUMBER				IOI. ZIP CODE		100	CITIZEN	OF WHA	T COUNTRY?
FUNERAL	1 Bristol Hill (		IN II C ADMARD	40 400 0	21228			US.		
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES				N? (Specify Yea or N Ricen, etc.)		Black, W	American Indian, hita, atc. White
9	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S U	rk done durina i	FION most of working	160	b. KIND OF BUSINES	S/INOUSTI	RY	NO THE
LET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Asst. B			7	Retail Cl	othi	ncr	
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Assc. D	uyer	18. MOTHER'S N	_	Middle, Maiden Suma	_	119	- 19
BE C	Charles Kempter				Eva Mai					
TO B	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural	Route Num	ber, City or Town, Ste			
-	John Kalb				ad, Apt.					
	20a. METHOD OF DISPOSITION  1) Burial 2 Cremation 3 4 Donation 5 Other (Specify)	temovel from State	ob. PLACE AND DATE OF	DISPOSITION (	Name of	20/0	20c. LOCATIO	N — City :	or Town,	Stata and
	21. SIGNATURE OF FUNERAL SERVICE	LICERSEE	O	22, NAME	AND ADDRESS OF F	ACILITY		, Mc	LYI	ana
	Ambrose Funeral Home, Inc. 1328 Sulphur Spr. Rd. Arbutus, Md. 2									
	23. PART I. Enter the diseases,	or complications that caus ire. List pnly one cause on							MG.	Approximat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	A CONSEQUENCE OF:		Chemil	hu	ry y	inn	~	11 2
MEDICAL	PART II. Other algnificant condi	ing cause given in	Part I.	24s. WAS AN AUTO PERFORMED 1 YES 2 h	7	CO OF	RE AUTOPSY FIN AILABLE PRIOR 1 MPLETION OF CO DEATH? YES 2 N			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATN (C	heck only o	ne)			
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	utpatient 3 DOA 4	☐ Nursing H	ome 5 Aesidence	1	er (Specify) SCRIBE NOW INJUR	V OCCUPE	0	
	1. Netural 5 Pending	(Month, Day, Year		RY 1	VORK?	100, 01	SCHIOL NOW INSON	OCCORE		
TED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide detarmine	ba 26a. PLACE OF INJUI	26s. PLACE OF INJURY — At home, farm, street, factory, of building, etc. (Specify)					and Number or Rural Route Number,		
COMPLETED	one)	NYSICIAN: To the beat of my known with the basis of axaminat							180(S) Br	nd manner aa st
w	29b. SIGNATURE AND TITLE OF CERT	IFIER			29c. LICENSE NU	JMBER	290	DATE SIG	NED (M	onth, Day, Year)
TO B	am	Und						10	1>	5/90
-	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	rint)					i	1
	31. DATE FILED (Month, Day, Year) DEC 2719	32. REGISTRAR'S SH	GNATURE CONTRACT					mo -		

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DIVISION OF VITAL RECORDS, P.O. BOX 88780,	9	5	f to	
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	TO THE HOSPITAL OR ATTENDING PROSIDIAN. THE WAS requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTION And the completely filled in by	be filed within 72 hours and compared to the Barre Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	-
			23	

	_	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE	OF HEAL	JH AND MEN EATH	REG. NO.	93	31437
	18	1. DECEDENT'S NAME (First, Middle, Lest)	MK	ane		2. C	DATE OF DEATH DAY	- GRAR	3. TIME OF DEATH
9	72	4. SOCIAL SECURITY NUMBER 215-74-65 68	5. SEX Figure 8. AGE (In	yrs. last birthday) IF UNDER : MONTHS	YEAR IF L	JADER 24 HRS. 7. D	MATE OF BIRTH Morth, Day, Year)	8. BIRT	HPLACE (State or Foreign
2, 3 should	OB	So. FACILITY NAME (If not insulation, give st	reget and number)	Home 1	TOWN OR LO	CATION OF DEATH	E MD	9c. COUNTY OF	Strong
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Baltin		10c. CITY, TOWN OF			1		10d. INSIDE CITY LIMITS?
it permit.		10. STREET AND NUMBER 415 Wheaton Place		Cat	onsvi	CODE			1 TYES 2 NO WHAT COUNTRY?
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal.  medical examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO H	AS DECENDE	Cuban, Mexican, Pu	RIGIN? (Specify Yes o orto Rican, etc.)	USA  14. RACE — American Indian, Black, White, etc.  Specify:	
21215-0 al or attending for use as the	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	CUPATION uring most of v	working	16b. KIND OF BUSIN		White
AND he hospital detached force.	귑	11th Grade 17. FATHER'S NAME (First, Middle, Last)		Homemaker	10.	MOTHER'S NAME (F	Dom	estic	
MARYLAND  retained by the hospit  5 should be detached notified at once.	BE	John W. Lewis  190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	N	Mary A. M	<b>lo</b> naghan		21228
RE, MA ay be reta page 5 st	5	Francis A. Kane	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zig 415 Wheaton Pl. Apt. B. Catonsville 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION —						aryland
BALTIMORE, er death. Page 6 may be the funeral director, page val.	Î	1.X Burial 2 Cremation 3 Remo	oval from State   Comet   NeV	dery. Cremetory or other place) Tathedral	Cemete	1	.2/29 Ba		, Maryland
BALTIMOR ter death. Page 6 m the funeral director, val,		· Savid	1 Infabre	Da ⁻ 53	vid J. 11 Edm	Weber F Mondson A	uneral H	timore,	Md. 21229
P.O. BOX 68760, and certificate be executed within 24 and completery filled and completery filled thygiene prior to burial, ceremation, or other traumatic event, the	CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS A COMMENT OF THE POWER TO SOME AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER AS A COMMENT OF THE POWER	ch line.	the mode of	f dying, such as	Wund	tory arrest,	Approximate interval Between Onset and Death
RECOR requires that been signed by of Health an shows any	MEDICAL	PART II. Other significant conditions	contributing to death but	t not resulting in the und	erlying cau	ise given in Part	1 YES 2	107	NUMBER AUTOPSY FINDINGS ANALARLE PRIORI TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
VIT THOUSE W State or Item	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL: 1   Inputient 2   ENOutput	tient 3 DOA OTHER	6 U.V. 6 V. 128	OF DEATH (Check on			1000
O SEES	N. PA	27. Mannen OF DEATH  1. Natural 5 Pending 2 Scrident Investigation	28s. DATE OF INJURY (Month, Day, Year)	200. TIME OF S	BC. BIJUTTY A WORK? 1 YES	\$1 E500	DESCRIBE HOW INJ	NRA OCCRIED	
DIVISION OR ATTENDING DIRECTOR AREA Phours		3  Suicide 6 Could not be 4 Homiside determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, ferm, street, factor	y, office	281.	LOCATION (Street and City or Town, State)	l Number or Rural I	Route Mumber,
Z ZZ =	COMPLE		CIAN: To the best of my knowled R: On the basis of examination a						s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE C	296. SICHATURE AND TITLE OF CERTIFIE	4 MI	O R. Hey	296.	CENSE NUMBER	26	Ped. DATE SIGNED	(Month, Day Year) 26/93
24		3320 Ocns	COMPLETED CAUSE OF DEAT	renue la	Him	Note,	MD2	1224	
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	HITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted with
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MONTH 2 ANNA A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 219-20-7401 1 M 2 7 F YRS. In Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give a 96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH F.S.K.M.C. GERINTRIES CENTER DIRECTOR Himone RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAHIMORE MARYMO 1 TES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21224 3630 U.S.A. 5ther Ince burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 A NO Specify: BY White 3 Widowed 4 Divorced 朝 15. DECEDENT'S EDUCATION (Specify only highest grade complete ass COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use Por ntary/Secondary (0-12) College (1-4 or 5+) 12th Employee once. 17. FATHER'S NAME (First, Middle, Last) 76 UNKNOWN BE filled in by the funeral director, page 5 should on, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 -AroliNe 3620 Esther Place Louderback Md 21224 e 20s. METHOD OF DISPOSITION
THE Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION must ROSMAY Cery 12-29 4 Donation 5 Other (Specify) after death. Page medical examiner 21. SIGNATURE OF ECHERAL SERVICE LICENSEE Joseph N. Zannino Jr. Funeral Home 263 S. Conkling St. Balto. Md.21224 complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, 23. PART L Effer the discenses Approximata . List only one cause on each line. shock, or heart-Interval Batween IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) PMZUMONIC 726. the attending physician and completely I Mental Hygiene prior to burial, cremation event, Ceretro vercular

DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury ateral Fibrillation 14032) Item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Health and Hypothyred disun 1 TYES 2 7 HO 1 TYES 2 TO NO has been Dept. of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inputient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO rsing Home 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28 is marked, this c 1 Natural 5 Pending Investigation M 1 YES 2 NO After the death v BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: A hours after d COMPLETED 4 🔲 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. R. 22 = 2 MEDICAL EXAMINER: On the basis of gramination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BURTON

2. REGISTRAR'S SIGNATURE

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5505 Nopkins

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

Joesh . Loui o J . F est o . 2122

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)
CHARLES

4. SOCIAL SECURITY NUMBER

6. SEX

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HMS. 7. DATE OF BIRTH

	CHARLES			KU	SHWA	<b>VRA</b>			MONTH Dec 19 1993 YEAR			4:10 pm M
- 8	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. Is	est birthday)	-		+		7. DATE OF BIRTH		8. BIRTHPL Country)	LACE (State or Foreign
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NO.	90. FACILITY NAME (If not Inetitution, give Saint Joseph Hos				96. CITY						Baltim	
[בַּ	RESIDENCE OF DECEDENT	TV		T 400 CIT	TV TOWN C	20.1004	FION					
DIRECTOR	Maryland Bal	S. SEX   S. AGE (in yrs. last birthoday)   St. Open State   St. AGE (in yrs. last birthoday)   St. Open State   St. AGE (in yrs. last birthoday)   St. Open State   St. Open State   St. Open State   St. Open State   St. Open State   St. Open State   St. Open State   St. Open State   St. Open State   St. Open St. Open State   St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open St. Open			INSIDE CITY LIMITS? I YES 2 NO							
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FUNERAL	104 Galewood Re				1					U.S		
B	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	X YES 2 AR OR DATES		- 3	If yes, sp	ecify Cubi	n, Mexice	n, Puerto Rican, etc.)		Specify: Whit	
9	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. D	ECEDENT'S	Work done	CCUPATI	ON ost of work	na	16b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	) //	le. Do NOT u	ise retired.)				Huls A	nerica	n.	
111	17. FATHER'S NAME (First, Middle, Last) Unknown									Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Leonard Funeral	Home	1									2
	20a. METHOD OF DISPOSITION		20h.PLACE					, _		DCATION C		
	1 X Buriet 2 Cremation 3 Re 4 Donation 8 Other (Specify)	movet from State	cemetary, ci	rematory or o	other place)			1	1.	Hillsi	-	
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE .			22	Ruc k	ND ADDRE		Funeral H	ome, I	nc.	
	Millon	night										4
4	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	DUE TO	LE URIN	YARY	TRAC	T INF	ECTK	ON				Onset and Death 2 DAYS 2 DAYS
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											6 MOS
CERTIFICATION	that initiated events resulting in death) LAST				OF):						4	40 YBARS
: MEDICAL									PERFO	RMED?	0	VERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		en lors			R:						
14S	1 TYES 2 THO  27. MANNER OF DEATH	14			_		_	esidence		INJURY OCCI	URED	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ny, Year)	IN	JURY M	1 🔲	YES 2 [	] NO	tou. Deganise non		ONEO	
8	3 Suicide 5 Could not b 4 Homicide determined	28e. PLACE Of building,	F INJURY — At I etc. (Specify)	nome, ferm,	street, fact	tory, offic	:0				or Rural Roo	ute Number,
COMPLET	onel -											end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	? Dung	on.	M.	0.				MBER	29d. DATE	SIGNED (	Month, Day, Year) 9, 1993
10	BEATRIZ DIZON, M.					NM	D 212	04				
	31. DATE FILED (Month, Day, Year) DEC 2 71993	#27MEGISTRA	S SIGNATURE									
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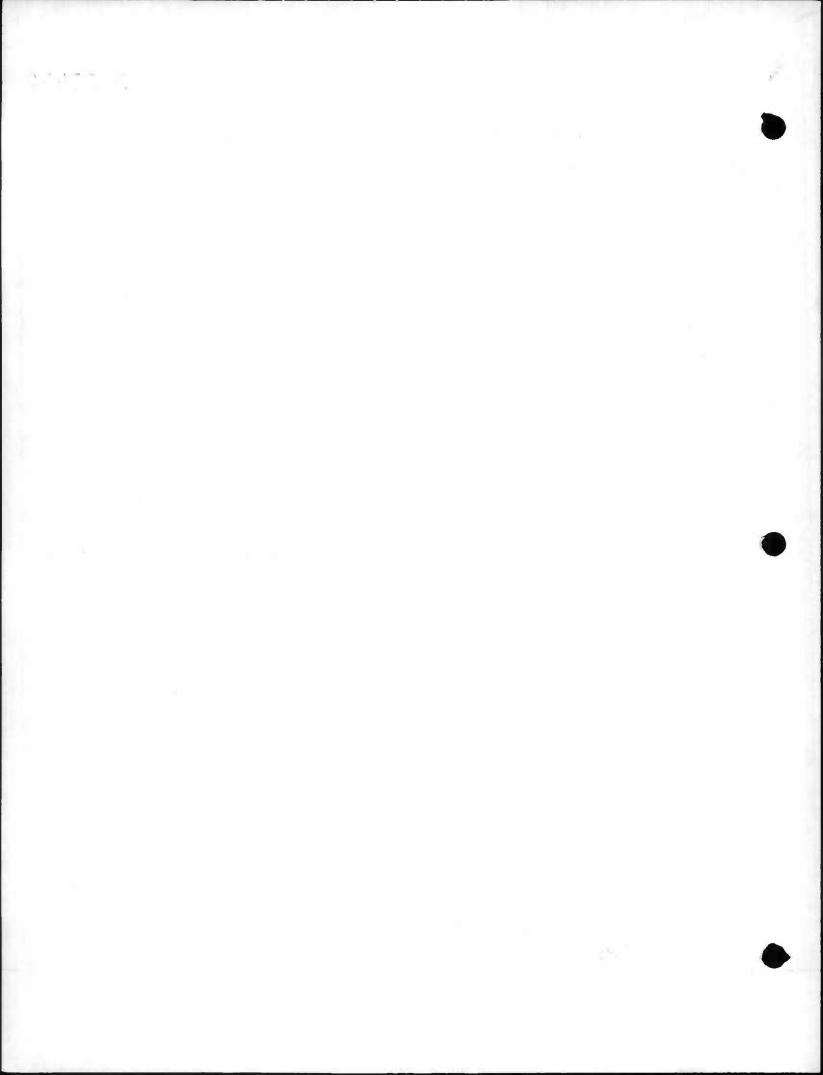
BEATTEZ DIZON, M.D., 2620 YORK ROAD, TOWSON ND 21204

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTEMENTS PHISICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	DIR CTOR After this certificate has been signed by the attending physician and completely filled in by the

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR John 7 30 K. Keehner 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 PM 2 | F 215-05-9882 79 Maryland 5 lan. 1914 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Gilmor St Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1) YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 115 S. Gilmor St. 21223 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 WES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Packer Banking the State Dept. or Health and Memial Hyghene prior to burial, cremanon, or removal. or the most be notified at once, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William H. Keehner Elsie M. Boyd BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bridget M. Keehner 115 S. Gilmor St. Balto. Md. 20s. METHOD OF DISPOSITION
1 | Burlal 2 | Cremation 3 | Rem
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 12/28 Baltimore, Md. New Cathedral Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funeral Homes 0man a 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Adenocar unoma of the pancreas lamos. DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) NTENDING PHYSICIAN: The certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: I TES 2 DINO ne 5i Residence 6 - Other (Specify) 4 Nurs 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED CTOR After this ce 28b. TIME OF is marked, 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 28 THE HOSPITAL OF AT THE FUNERAL DIRECT filed within 72 hours 29a. CERTIFIER
1 | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL ID THE FUNERAL ID THE FUNERAL ID THE FUNERAL IT IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTOFIER 29d. DATE SIGNED (Month, Day, Ye 29c. LICENSE NUMBER DEMULLI 12 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Phys) 30. NAME AND ADDRESS OF N. 0 MD Gree 2120 0 32. REGISTRAR'S SIGNATURE

Sinker Rudoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SITAL OD ATTENDIAL DUVEICIAN. The law remains that the death certificate he assented with
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PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.  this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 show with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  **Red, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	Washing Residence 10a. STATE  Marylat 10a. STATE  Marylat 10a. STATE A 7410 N 11. MARITAL S' 1 Never Me 3 Widowed  Elementary 17. FATHER'S N Will 19a. INFORMAT John I 20a. METNOD 1 N Buriel 2 4 Doneston 21. Susfiature 23. PART I. 1
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traned within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  PRIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	immediate disease or cresulting in Sequentially if any, leadin cause. Enter that initiated resulting in PART II. Oth 25. WAS CASE EXAMINER 1 YES 27. MANNER-01   Meture 2   Accide 3   Suicid 4   Homic 29e. CERTIFIEF (Check on), on 29e. SIGNATUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	9
CERTIFICATE OF DEATH	DEG NO	

1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATN	100		3. TIME OF DEATN	
Merle L	urena	Keefer							De	1	6	JEAR 2	0720	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	t YEAR	IF UNDE	ÉR 24 HRS.	7. DAT	OF BIRTH		0. BIRT	HPLACE (State or Foreig	
215-20-7735		1 🗆 M 2 📉 F		65YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	. 12,1	928	Coun	ryland	
9e. FACILITY NAME (If not institution, give street end number)			- 05	9b. CITY	, TOWN C	OR LOCAT	TION OF D		• 12,1		JNTY OF			
Washington County Hospital					Нас	erst	t oum						ington	
RESIDENCE OF DECEDENT					Hag	ELS	LOWII				was	PITTIE	glon	
10a. STATE 10b. COUNTY			10c. Cl	TY, TOWN C	OR LOCAT	ION		770				10d, INSIDE CITY		
Maryland	Maryland Washington			H	ancoc	k							1 YES 2 NO	
10e. STREET AND NUMBER					101	. ZIP COI	DE			10g. CI1	TIZEN OF	WHAT COUNTRY?		
7410 Millstone Road							217	50			US	SA		
11. MARITAL STATUS		12. WAS DECEDEN								IN? (Specify Y	es or No-	14. RAC	CE — American Indian, ck, White, atc.	
1 Never Married 2 💢 3 Widowed 4 Divo		FORCES?		2 NO				Speci		Ricen, etc.)		Spec		
3 Widowed 4 Divo	rced												White	
	EDENT'S EDUC highest grade		1	(Give kind of life. Do NOT	S USUAL O	CCUPATIO	ON at of work	kina	16	b. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary (0	-12)	College (1-4 or 8												
12		5		School	Teac	her				County	y Gove	ernm	ent	
17. FATHER'S NAME (First, M)	ddle, Last)						18. MO	TNER'S NA	AME (First	Middle, Meide	n Sumeme)			
William R		ounker					F	ayet	te D	ick				
190. INFORMANT'S NAME (7)										nber, City or To				
John E. Kee				7410	Mills	tone	e Ro	ad H	anco	ck, Ma	rylar	nd	21750	
20g. METNOD OF DISPOSITI	ON 3 D Barry	well from State												
20s. METNOD OF DISPOSITION  1 A Burlel 2 Cremetion 3 Remove from State  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20b. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. PLACE AND DATE OF DISPOSITION (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 10c. Place of Specify (Neme of Specify)  20c. LOCATION — City or Town, 1								04750						
			_ St.	Thomas	'Lpis	. Cer	nete	ry L	4/20/	93   Har	cock,	MD.	21750	
4 Donation 8 Other 21. SIGNATURE OF FUNERAL	(Specify)		St.	Thomas	_			TY I.		93   Har	icock,	, MD.	21/50	
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23. PART I. Enter the dia ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other algnification in death) LAS  PART II. Other algnification in death initiated events resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEB-OF DEATN  1 Natural 5	(Specify) L SERVICE LICE Season, or coart failure. I all ons, Slata NG ry T  Int condition	OUE TO  OUE TO  OUE TO  OUE TO  A CONTRIBUTING TO  HOSPITAL: 1 Simpatient 2 286. DATE OF	o (OR AS A C	the deeth. Do th line.  CONSEQUENCE (CONSEQUENCE . Girc not anter  OF):  OF):  OF):  OTHER  4   Nur  ME OF	the mo	H. 14 da of di	41 W.M.  ying, such given in  OEATH (C)	hain Soh aa ca	24a. WAS A PERFE	NAUTOPSYDEMED?	3 Hand	Approximate interval Batw Onset and D		
23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other algnification in death LAS:  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNEB-OF DEATN  1 Netural 5 1  2 Accident 3 Suicide 6	(Specify)  L SERVICE LIC  Season, or control  season, or control  ons, diata  NG  ry  T  D MEDICAL  Pending investigation  Could not be	OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO	o (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR	the death. 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WAS A PERF(1 YES	NALTOPSY PRIMEO?	244	Approximate interval Batw Onset and D	
23. PART I. Enter the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditii if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS'  PART II. Other algnification in the initiated events resulting in death) LAS'  25. WAS CASE REFERRED TO EXAMINER?  1	(Specify)  L SERVICE LICE  Seases, or coart failure. I all  ons, Silata NG  Int condition  O MEDICAL  Pending revestigation	OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO	o (OR AS A CO O death but	the death. 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WAS A PERF.  1 YES  CATION (Street	NALTOPSY PRIMEO?	244	Approximate interval Batw Onset and D.  b. WERE AUTOPSY FINO AMILIABLE PRIOR TO COMPLETION OF CAUTOF DEATH?  1 YES 2 NO	
23. PART I. Enter the displayed process of condition resulting in death)  24. WAS CASE REFERRED TO EXAMINER?  25. WAS CASE REFERRED TO EXAMINER?  26. WAS CASE REFERRED TO EXAMINER?  27. MANNEB-OF DEATN  28. WAS CASE REFERRED TO EXAMINER?  29. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  21. CERTIFIER Check only  22. CERTIFIER Check only  23. CERTIFIER Check only  24. CERTIFIER Check only  25. CERTIFIER Check only  26. CERTIFIER Check only  27. MANNEB-OF DEATN  28. CERTIFIER Check only  29. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER CHECK CHECK CHECK ONLY  27. MANNEB-OF DEATN  29. CERTIFIER CHECK CHECK CHECK ONLY  20. 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23. PART I. Enter the displayed process of condition resulting in death)  24. WAS CASE REFERRED TO EXAMINER?  25. WAS CASE REFERRED TO EXAMINER?  26. WAS CASE REFERRED TO EXAMINER?  27. MANNEB-OF DEATN  28. WAS CASE REFERRED TO EXAMINER?  29. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  21. CERTIFIER Check only  22. CERTIFIER Check only  23. CERTIFIER Check only  24. CERTIFIER Check only  25. CERTIFIER Check only  26. CERTIFIER Check only  27. MANNEB-OF DEATN  28. CERTIFIER Check only  29. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER Check only  20. CERTIFIER CHECK CHECK CHECK ONLY  27. MANNEB-OF DEATN  29. CERTIFIER CHECK CHECK CHECK ONLY  20. 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CONSEQUENCE (CONSEQUENCE F:  OTHER 4 Num  A street, fact	the mo	ACE OF URRY AT PRICE 2 end place leath occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occidents occiden	ess of FA W.M.  ying, such a given in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in open in	Part I.	24a. WAS A PERFC 1 VES	NAUTOPSY PRIMED?  INJURY OX  I INJURY OX  I end Number	24i	Approximate interval Batw Onset and D.  b. WERE AUTOPSY FINOI AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO		

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	IO INC MUSTIAL DRIVING PRINCIPLY INC. INC. INV. INC. INC. UNIT. INC. URBAIL URIGINAL INC. URBAIL URBAIL VALUE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				GIENE S	3 3	37444	
	1. DECEDENT'S NAME (First, Middle, Last)  0.5 - 5,  4. SOCIAL SECURITY NUMBER	Knaue	<	PR.		2. DATE OF DE	23	93	TIME OF DEATH  9:45A M	
	213-03-1368  98. FACILITY NAME (If not institution, give s	1 € M 2 □ F 73	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Jan. 18, 1920 Ma:			CE (State or Foreign	
TOR	Medbridge Nursing			96. CITY, TOWN OR LOCATION OF DEATH ROSSVille				Ltimor		
BY FUNERAL DIRECTOR		Ltimore	10c. CITY,	10c. CITY, TOWN OR LOCATION Perry Hall					d. INSIDE CITY LIMITS? YES 2/12 NO	
NERAL	100. STRÉET AND NUMBER 4620 Silver Sprin			10	21128			USA	OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? XX YES IF YES, GIVE WAR OR DATI	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto Rican,		Black, W Specify:	American Indian, hite, etc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			rk done during mo retired.)	ON ist of working		OF BUSINESS/IND			
OMP	6th grade  17. FATHER'S NAME (First, Middle, Last)		Policer	nan	40 MOTURNIO M	Balt ME (First, Middle,	o. City	Polic	e Dept.	
BE C	John Knauer					ena Sou				
0 8	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural			,		
	Mrs Rosalie Rurr	20h. P			on Rd. B				Étata	
	1 & Burtel 2 Cremation 3 Removal from State carretery, crematory or other place)  St. Jos. Ch. CemFullerton 12-27-93 Fullerton, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICE			Lassa	ahn Fune Belair	ral Home	9			
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on eac	CSTVE				r reapiratory arr	•81,	Approximate Interval Between Onset and Death Acads	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition  HERATIC  MERATIC	Greezhelo		the underlying	g cause given in		i. 24a. WAS AN AUTOPSY PERFORMED? 1 UPS 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C	eck only one)				
HYS	1 YES 2 AO	1 Inpatient 2 ER/Outpatie		Nursing Hom	e 5 🗆 Residence		Hy)	LIBEO		
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? res 2 No	NI V III				
	3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, offic		281. LOCATION City or Town	(Street and Number n, State)	or Rural Route	Number,	
COMPLETED		CIAN: To the best of my knowled R: On the basis of examination a							d manner as stated.	
BEC	296. SIGNATURE AND JULE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mo	rith, Day, Year)	
2	30 NAME AND ADDRESS OF PERSON WAS	HALF MAD			D43			12.23		
		A. TATE	Fran	ICY HE	BLTH CE	nice 1	solfing	re, er	e. Drive 0 21237	
1	31. DATE FULE (MONTH), Day 1887	32 REGISTRAT'S SIGNATI	ndell.							

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FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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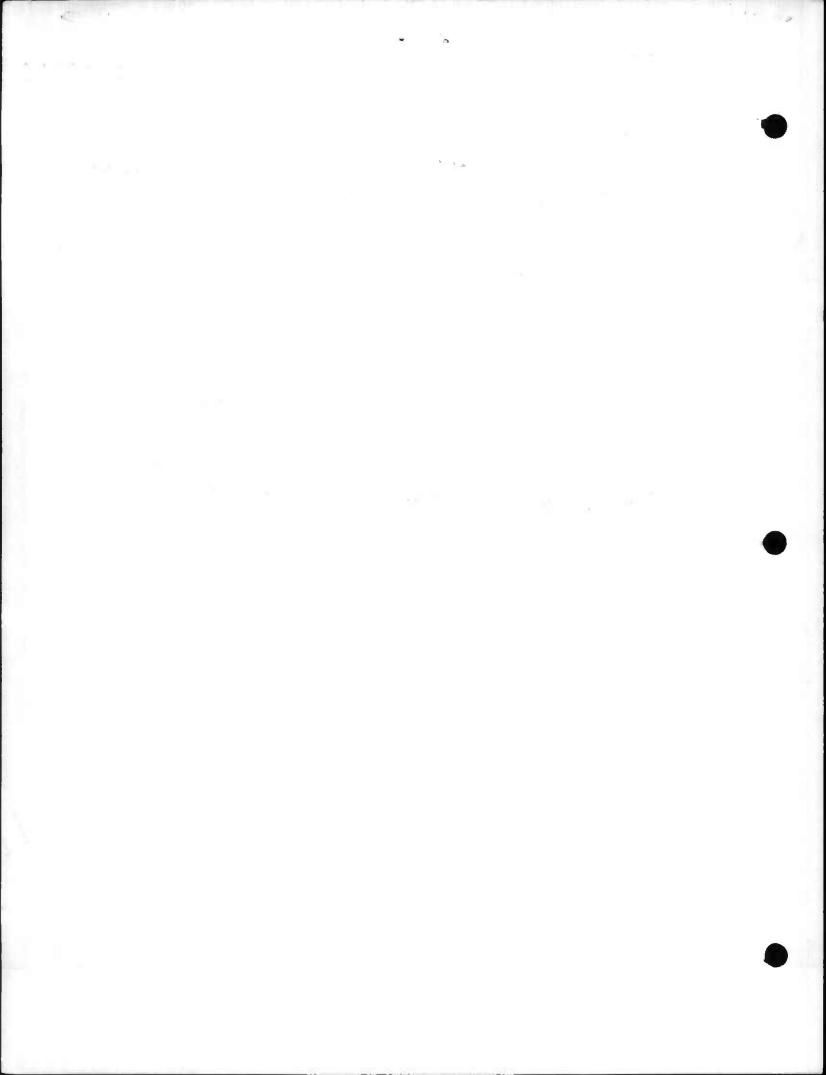
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 beath with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

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	REGISTRAR		CERT	FICAT	E OF	DEATH		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)				-			OF DEATH			3. TIME OF DEA	тн
	HELEN	M.	LOS	S			12 NONT	^H 22	AY	93ª	3:14	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthds	y) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	IPLACE (State or F	oreign
	220-18-7341	1 □ M 2 🏝 F	68 YAS	MONTHS	DAYS	HOURS MIN.		th, Day, Year) 5, 19	225	Count	m aryland	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN (	OR LOCATION OF D		J, 1.		NTY OF D		
<u>بر</u>	FRANKLIN SOUARE	HOSPITAL				ILLE			100	LTIM		
DIRECTOR	RESIDENCE OF DECEDENT	11001 1111		1	0000				Len		<u> </u>	
#	10a. STATE 10b. COUNT	r	10c. (	CITY, TOWN	OR LOCAT	TION					10d. INSIDE CIT	Υ
	Maryland	Baltimore		Ва	1tim	ore					1 YES 2 X	NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?	
띪	5703 Radecke Av	renue				21206			U	.S.A	Later .	
5	11. MARITAL STATUS	12. WAS DECEDENT EV		13.	WAS DEC	ENDENT OF HISPA	NIC ORIGI	N7 (Specify Yes	s or No—	14. RACI	E — American Ind	lan,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR				ecify Cuben, Maxica 2 NO Specia		Rican, etc.)		Spec	k, White, atc.	
B		<u> </u>									White	
<u> </u>	15. OECEDENT'S EDU (Specify only highest grad	JCATION le completed)	16a. DECEDEN	of work done	during mo	ON ist of working	161	. KINO OF BU	SINESS/IND			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)	2 116 1	•						
<u>F</u>		2 Years		Au	dito	r	S	tate c	of Ma:	ryla	nd	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First,	Middle, Malden	Sumame)			
BE	John Ladzinsk	i				An	nelia	Bar	tkow	ski		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	and Number or Rural	Route Num	ber, City or Tow	vn, State, Zip	Code)		
-	Mrs. Karen Kip	nes		<u>330</u> 4	Offu	tt Road	Ran	dallst	own,	MD	21133	
	20a. METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Ren	noval from State	20h PLACE AND DAT	TE OF DISPO	SITION (NA	ame of	0.01	7E 20c LO	CATION -	City or To	wen Ctota	
	4 Donation 5 Dother (Specify)	TOTAL TIONS COME	cemetery, crematory of Carroll	Crema	tion	Service	s 12	/29 H	lamps	tead	. MD	
	21. SIGNATURE OF PUNERAL SERVICE LI	ICENSEE	11.	22.	NAME A	NO ADDRESS OF FA	ACILITY					
	> stephen	maler	Kins			Byers F						
	23. PART I. Enter the diseases, or	complications that ca	used the deeth D	8 not ente	128	Liberty	Road	Rano	lalls	town	MD 21	
	shock, or heert fallure.	List only one cause	on each line.	- 1.01 01110		ac or aying, sac	on de cer	diac or reap	matory and	vat,	interval B	Batween
П	IMMEDIATE CAUSE (Final disease or condition	ANIMO	PUE 11	MIN	71175						Onset an	d Daath
	resulting in death)		AS A CONSEQUENCE			>						
		DOE 10 (OR	AS A CONSEQUENCE	OF):								
5	Sequentially list conditions,	b. OHE TO COR	AS A CONSEQUENCE	OF.								
₹	If any, leading to immediate cause. Enter UNDERLYING	332 13 (31)	AND A CONSCIOUS	insequence of):								
음	CAUSE (Disease or Injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE	OF:								
CERTIFICATION	resulting in death) LAST			,							İ	
5		d									+	
	PART ii. Other aignificant condition	ns contributing to dee	th but not reaultin	g in the u	nderlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY F	
DICAL					_		_	1 WES 2			COMPLETION OF OF DEATH?	
<u> </u>								X			1 YES 2	NO
-												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PI	ACE OF DEATH (C/	heck only o	ne)				
ž	YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X ER	/Oulpatient 3 🗆 DO/	OTHE		e 5 🗆 Residence	6 🗆 Oth	er (Specify)				
	27. MANNER OF OEATH	28s. DATE OF INJI		TIME OF	28c, INJ	URY AT		SCRIBE HOW I	INJURY OCC	CURED		_
	1 Natural 5 Pending	(Month, Day, Y		50P M	1 🗆 1	YES 2 NO	Dri	ver in	auto	200	rident	
6	Suitalda	28e. PLACE OF IN	JURY - At home, farr		tory, offic		281, LO	ATION (Street	and Number	or Rural I	Poute Number.	
3	4 Homicide S Could not be	building, etc.	(Specify)	TREET			BEL	AIR RO	AD &	TAY	LOR AVEN	<b>JUE</b>
COMPLE	29a. CERTIFIER	NOIAN. To the h										
ξ		ER: On the best of my										
3		200	THE STATE OF THE STATE OF	non, in my	ориноп, б			and place, er	nd dua lo th	e cause(	ij and manner as :	stated.
n n	291. SIGNATURE AND TITLE OF CERTIFIE	"USAU (	6.1			29c. LICENSE NU					(Month, Day, Year)	
2		Comment	TIW			O.C.M.	L.		14	4/23,	/1993	
-	30. NAME AND ADDRESS OF PERSON WI	MOMPLETED CAUSE O	2/.			D-113		Marria		212	2.1	
	MARIO 1= COL	Ub, JEI	1	nn St	reet	, Baltim	ore,	Maryl	.and	2120	)Ţ	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			- 5							
	DEC 271993	gule de	leve Books	2								27.
	1										DHIM	6 Rev 1/8



	1 - FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)	1 LOCKLEY	4R_			2. DATE OF DEATH MONTH Z	74 9 YE	3. TIME OF DEATH 3. 4:37 A M		
	4. SOCIAL SECURITY NUMBER 240 - 46 - 2448	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-24-34		BIRTHPLACE (State or Foreign Country)  N. Carolina		
OR	9a. FACILITY NAME (If not institution, give street and number)  Mercy Medical Center  Baltimore							OF DEATH		
DIRECTOR	100. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CITY LIMITS?			
FUNERAL (	100. STREET AND NUMBER 120 S. Patterson	n Pk. Ave.	Dark		ZIP CODE 21231	1½ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	Yes or No.— 14. RACE — American Indian, Black, White, etc.  Specify: Am. Indian			
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16a. OECEDENT'S U (Give kind of wo life, Do NOT use	ork done during mos		16b. KINO OF BU	JSINESS/INDUST			
COMPLETED	6t.h 17. FATHER'S NAME (First, Middle, Last)		Maintena	ince	16. MOTHER'S NA	BOX Fo	actory			
TO BE	Henry Locklear  190. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Dee Burns Route Number, City or Tox		de)		
	Virginia Locklea  20e. METHOD OF DISPOSITION 1 ABurlet 2 Cremetton 3 Ren	20	b. PLACE AND DATE OF	F DISPOSITION (Nam		1	OCATION - City			
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LI		Täkiäwn ch	David		12-29 Ba: cum r Funeral r Street		, Md.		
	23. PART J. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sept	d the death. Do no each line.		le of dying, suc	h as cardiec or reep	iratory arrest,	Approximata Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. GREV DUE TO (OR AS.	A CONSEQUENCE OF)	topen un c	ancek	2				
MEDICAL	PART II. Other significant condition	ns contributing to death I	out not resulting in	the underlying	cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch					
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	IRY AT	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	:D		
ED BY	1 Natural 5 Pending 2 Accident twestigation 3 Suicide 6 Could not be determined determined building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							ural Route Number,		
COMPLETED		SICIAN: To the best of my know								
BE CO	296. SIGNATURE AND TITLE OF CERTIFIE		on and/or investigation,		opinion, death occured at the time, data and place, of 29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F		BA	Dum	i Mi	71202		
	31. DATE FILEU 27, 1003	JE. REGISTRAR'S SIGN	ATURE		0,7.7	4,100				



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTI	FICATI	E OF	DEATH		REG. NO	Э.		
1	1. DECEDENT'S NAME (First, Middle, Last)  GARNET D.	LEONA	RD				2. D/ MO 1 2	TE OF DEATH	1993 ¹¹	EAR	:30p
	4. SOCIAL SECURITY NUMBER 235 34 3079	IF UNDER 24 I	HRS. 7. DA	TE OF BIRTH onth, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreig				
	9a. FACILITY NAME (If not institution, give a	treet and number)	69 YRS.	9b, CITY	. TOWN C	R LOCATION					
DIRECTOR	5605 ST. MARY	S STREET			TONS				BALTIMORE		
ច្ឆ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION									Land	. INSIDE CITY
		LTIMORE				SVILI	Œ				LIMITS?
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
剪	5605 ST. MARYS	STREET				21207	7		U.	S.A	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 MO	1 8	II yes, sp		Anxican, Puar	GIN? (Specify Ye to Rican, etc.)	ne or No- 14.	Specify:	American Indian, lita, atc.
ם	15. DECEDENT'S EDU		16a. DECEDENT	'S USUAL O	CCUPATIO	N		166. KIND OF BU	JSINESS/INDUS		
<u></u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)	Iffe. Do NOT	of work done use retired.)	during mo	st of working					
릴	12		PERSON	INEL	WOR	KER		STATE	OF MA	RYL	AND
COMPL	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Maldei			
	GEORGE M.	STUMP				DAIS	SEY	KITZM	ILLER		
ן מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a				wn, State, Zip Co	de)	
2	KYLE LEONARD	(SON)							US SPR		FT.A
	20a. METHOD OF DISPOSITION  1 Buriet 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)	20	DE PLACE AND DATE	E OF DISPOS	SITION (Na	me of		ATE 20c. L	OCATION — CITY KESVII	or Town,	Stata
	21. SIGNATURE OF FUNERAL SERVICE LA	ANGER /	9	22.	NAME AN	ID ADDRESS	OF FACILITY				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY  LEROY & RUSSELL WITZKE FUNERAL SERVICE STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACILITY STATES AND ADDRESS OF FACIL										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	OF):	):						
CERIT	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
DICAL C	PART II. Other algnificant condition	a contributing to death	but not resultin	g in the ur	nderlying	ying cause given in Part I. 24a. WAS AF PERFO			PRMED?		WERE AUTOPSY FINDIN
Ž							1   YES 2   NO   COMPLETION OF CO OF DEATH? 1   YES 2   N			DEATH?	
SICIAN											
2	EXAMINER?  1 YES 2 YNO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 DOA	OTHE!		a 5-E Rasid	ence 8 🗆 O	ther (Specify)			
וויי ופו	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	IME OF NJURY M	28c. INJ WO		28d.	28d. DESCRIBE HOW INJURY OCCURED					
בובחפ	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, stc. (Spi	, street, fac	lory, office		261. L	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	one)	CIAN: To the best of my kno								avee(a) and	I menner as stat
מב	296. SIGNATURE AND TITLE OF CERTIFIER	2				29c. LICENS			29d. DATE SI	IGNED (Mo)	nth, Day, Ybar)
2	30. NAME AND ADDRESS OF PERSON WH										
	CHARLES GR	arran 2	ar fer	OPR	1 CIC	RP	PAN	MARE	mo	2122	3
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE								
	DEC 271993	John Ban	sear Rondo								

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	1. DECEDENT'S NAME (First, Middle, L. Wintfred ]		ANC		THE S	FDEATH	2. DATI		1/9	SEAR .	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (in y	yrs. last birthday)	IF UNDER t YEAR		7. DATE	E OF BIRTH		8. BIRTH	IPLACE (State or F
	577 07 1166	1 🗌 M 2'😿 F	76	YRS.	MONTHS DAYS	HOURS MIN.			1917		rah
~	9e. FACILITY NAME (If not institution, g	ive atreet and number)		V.	9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	NTY OF D	DEATH
DIRECTOR	7430 CHERRY	TREE DRI	VE		FULT	ON			HO	WARI	)
EC	10e. STATE 10b. CO			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
		OWARD			FUL	TON					1 TES 2
3AL	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
NER	7430 CHERRY	TREE DRI				20759			7	.S. /	
FUN	1 Never Married 2 Merried	FORCES?	1 YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic	an, Puerio		or No-	Black	E — American India k, White, etc.
BY	3 ₩Idowed 4 Divorced	IF YES, GIVE	WAR OR DATE	:5	104	ES 2 NO Specif	ny:			Spec WI	HITE
윤	15. DECEDENT'S (Specify only highest of		16	(Give kind of	USUAL OCCUPA		16	b. KIND OF BUS	SINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	HOME	MAKER			OMA	N HOI	ME	
COMP	1.2 17. FATHER'S NAME (First, Middle, Last,			1101111	MANDI		AME (T)			. 1.1.	
BE CO			SR.			18. MOTHER'S NA		Middle, Meiden M .	Sumame) MUE	LLEI	R
	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stree	t and Number or Rural	Route Nur		n, State, Zio	Code)	
5	JULIA McCAHI	LL (DAUG	HTER)		RIVA						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 1	Removal from State			OF DISPOSITION		DA		CATION —	City or To	own, State
	4 Donation S Other (Specify)		_ ME	TRO"C	REMATO		12/	BZ	OTIL	MI	D.
8	21. SIGNATURE OF FUNERAL SERVICE	1 *	1			Y & RUS		r. 1 ₀ 7 T T T	ו יואל	FINI	FDAT UC
	23. PART I. Enter the diseases,	1	28		5555	TWIN K	NOL	LS RD	COI	г.гтм1	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated examples)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										Onset and
IFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. DUE T	O (OR AS A CO	ONSEQUENCE O	F):	arre	57				Grisst and
ERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE T	O (OR AS A CO	ONSEQUENCE O	F):	arre	57				Crist and
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE T	O (OR AS A CO	ONSEQUENCE O	ค:				MED?	24b	WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C OF DEATH?
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294. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.	D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL (Classes or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF SEATH  1 Actual 6 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	itiona, nedlate	b. DUE TO c. DUE TO d. DUE TO d. 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DIVISION OF VITAL RECORDS, P.O. BOX 88/80	LIPR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	PROPERTY. After the court have been discussed by the court of court and commented to be
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, L CICERO	est)		CERTIFIC L ANC	CASTER			2. DATE OF MONTH	BER 22,	199	3. TIME (	OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF	FBIRTH	8. E	BIRTHPLACE (SI	tate or f
	239-52-1696	1 📉 M 2 🗆 F	57	YRS.	ONTHS DAYS	HOURS	MIN.		Day, Year) 14–36		N.C.	
	Sa. FACILITY NAME (If not institution, g				9b. CITY, TOW						OF OEATH	
CTOR	THE JOHNS HOPK	INS HOSPIT	AL		BALTIM	ORE C	CITY			N/A	4	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. CO			10c, CITY,	TOWN OR LOC	ATION					10d, INSI	
DIRE	MD	N/A		BAL	TIMORE						1 🔯 YES	ITS?
	10e. STREET AND NUMBER				N E I	IOI. ZIP COD			10g	. CITIZEN	OF WHAT COU	
FUNERAL	1733 CASTLE STR	EET				21	213			U.	S.A.	
P.C.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDED	1 YES 2			ECENDENT (			(Specify Yea or No	p— 14.	RACE — Americ Black, White, e	can Indi
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BE	BRUCE LANCAST	ER					NA NO				18 75	
2	19a. INFORMANT'S NAME (Type/Print) PEARL LANCASTER			720 MA	DERTA	STREE	r or Aural Ad	T.TIMC	RE, MAR	YLAN	in 2120	5
	20a, METHOD OF DISPOSITION		205 81 44	CEAND DATE OF			,	OATE			or Town, Stata	
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	FOR STATE REGISTRAR	STATE OF MAI				F HEALTH AND	MENTA	L HYGIEN		J	314	JI
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEA	TH
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	4. SOCIAL SECURITY NUMBER 212-30-2124	1 ₩M 2 □ F	AGE (In yrs. Is	"	ONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.		OF BIRTH			LAND	Foreign
	90. FACILITY NAME (If not institution, give s UNIVERSITY HOSPITAL	treet and number)		9		WN OR LOCATION OF TIMORE	DEATH		9c. COUNTY		EATH	
ľ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c. CITY,	man on t	00471011						
	MARYLAND	n/a		IOC. CITY,	BAL	TIMORE					10d. INSIDE CIT LIMITS? 1 YES 2	NO
	1906 HILLENWOOD ROA	D				21239			UNITE		TATES	
	11. MARITAL STATUS 1 Never Merried 2 XX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1XX IF YES, GIVE WAR	YES 2	RMED NO	If ye	DECENDENT OF HISP a, specify Cuban, Maxi YES 2 XXNO Spec	can, Puerto I	? (Specify Yes Rican, etc.)	or No- 14	Black,	- American Ind White, atc.	llen,
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	. (0	ECEDENT'S US Give kind of wor a. Do NOT use r	k done durir	PATION g most of working	16b.	KIND OF BUS	SINESS/INDUS	TRY		
ı	12 TH		F	IREMAN				D. FIRE	DEPT.			
	17. FATHER'S NAME (First, Middle, Last)  n/a					16. MOTHER'S P			Surname)			
	190. INFORMANT'S NAME (Type/Print) JUANITA LITMON		19	1906 H	DRESS (SI	OOD ROAD,	BALTIN	ORE, MA	n, State, Zip Co RYLAND	2123	39	
	20a. METHOD OF DISPOSITION  1 Auriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE OF	DISPOSITIO	N (Name of	DATE		CATION — CITY			
ļ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7	TETROTTE	7	IE AND ADDRESS OF	FACILITY	100	101 22010	,		
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	23 PART I. Enter the diseases, or can be able to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	List brily one cause i	on each line	eeth. Do not	enter the	mode of dying, su	ich as cerd	llac or respi	ratory arrest		Approximintarval E Onset an	etween
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1												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLACE OF DEATH (C	check only on	•)				
	1 TES 2 NO	1 Inpetient 2 ER	Outpatient 3		THER:	Home 5 - Residence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH  1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	Par)	28b. TIME () INJUR	٧	INJURY AT WORK?	28d. DES	CRIBE HOW II	IJURY OCCUR	ED		
1	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	IURY Al ho (Specify)	ome, ferm, stre	et, factory,	office		ATION (Street e or Town, State)	nd Number or I	Rural Ro	oute Number,	
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1	296. SIGNATURE AND TITLE OF CERTIFIES	21			y opinin			end piace, and				
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DEC 271993

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within,72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremental.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

THAT .

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Lena Applestein  19a. INFORMANT'S NAME (Type:Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  110 Hamilton Avenue, Silver Spring, Maryland  20a. METHOD OF DISPOSITION 1 & Burlai 2   Cremation 3   Removal from State 4   Donation 6   DATE   20c. LOCATION — City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  STEIN HEBREW MEMORIAL FUNERAL HOME, 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest; IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resoluting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
198. INFORMANT'S NAME (Type/Print)  198. INFORMANT'S NAME (Type/Print)  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  20a. METHOD OF DISPOSITION  1												
20s. METHOD OF DISPOSITION  1 N Burial 2 Cremelion 3 Removal from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  STEIN HEBREW MEMORIAL FUNERAL HOME,  23. PART I. Enter the diseases, or complications that ceused fine death. Do not enter the mode of dying, such as cardiec or reapiratory arreat;  IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Due to (or as a consequence of):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest; intervious indexes or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest; shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):	STEIN HEBREW MEMORIAL FUNERAL HOME. INC.											
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	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 TYES 2 NO  1 YES 2 NO  1 TYES 2	RIOR TO OF CAUSE											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTH												
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORKY  28c. INJURY AT WORKY  28d. DESCRIBE HOW INJURY OCCURED												
2 Accident 1999 ACE OF IN HIEV ALL home from short forces with												
29s. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	on stated,											
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, M  297. LICENSE NUMBER  298. Z-2/-52												
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	rber)											

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LOR ATTENDING PHYSICIAN: The law requires that the death certincate be executed within a rours after death. Page 6 may be retain	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shot boars after death with the State hard or Health and Mental Hariate nator to build cremation, or removal	- Carri
END	R.	101
ALL	5	8
OR	DIRE	100
4		1

37454 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF		ITAL HYGIENE REG. NO.	93	37454							
	1. DECEDENT'S NAME (First, Middle, LOST)  JACK SOSRET LEONARD		DATE OF DEATH DAY	YEAR 93	3. TIME OF DEATH 6:45PM M							
	4. SOCIAL SECURITY NUMBER 5.78 - 48 - 1365 1 MM 2 F 77 YRS. MONTHS DAYS	IF UNDER 24 HRS. 7. 1 HOURS MIN,	Month, Day, Year)	s. BIRT	HPLACE (State or Foreign Shington, Do							
TOR	Pa. FACILITY NAME (If not institution, give street and number)  POLY (ROSS HOSPITAL)  RESIDENCE OF DECEDENT	SPRING		MONTGOM								
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCAT	FION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
FUNERAL	100. STREET AND NUMBER  3209 BROOKLAWN TENRACE	20815	Dg. CITIZEN OF WHAT COUNTRY?									
8	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, sp	ENDENT OF HISPANIC O ecify Cuben, Mexican, Pu 2 NO Specify:		No- 14. RAC Bloc Wh:	CE — American Indian, ck, White, atc. chy: LTE							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  INVESTOR		Real Es									
BE COM	17. FATHER'S NAME (First, Middle, Last) Abraham Leonard	Anna Una	irst, Middle, Meiden Sur availabl									
TO B	19a. INFORMANT'S NAME (Type/Print) Alan Leonard  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3209 Brooklawn Terrace, Chevy Chase											
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from State  4 Donetton 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control o											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND APPRESS OF FORMY Funeral Homes Falls Church, Va. 22046  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlyin	g ceuse given in Part	i. 24a. WAS AN AU PERFORME 1  YES 2	D7	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:	LACE OF DEATH (Check o	nly one)									
HASI	A C MES & COSA	ne 5 Residence 6	Other (Specify)  DESCRIBE HOW INJU	IDV OCCUPED								
BY PI	1 Netural 5 Pending (Month, Day, Year) INJURY WC	PRK? YES 2 NO	. DEJONIDE HOW HIGE	on occones								
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Rout City or Town, State)											
COMPLETED	CENTIFIER COME ONLY  CENTIFIED PHYSICIAN: To the best of my knowledge, death occurred at the time, date  COME ONLY  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, or				(e) and manner as stated.							
8	MARIL H. ESG MO ATTENDING	29c LICENSE NUMBER	86	DATE SIGNE	0 (Month, Day, Year)							
2	MANUE H. SAG M.D. 9801 GLORGIA AVENUE SILVER	PRING M	D	123								
	31. DATE FILED (Morith, Day, Year)  12. 7 1993  32. AEDISTRAYS SIGNATURE  34. Line State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State S											

FOR

1 -

STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

Μ.

**JEFFREY** 

31. DATE FILED (Month, Day, Year)

27 1993

LATHAM 12 24 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. nth, Day, Year, (Mon HOURS 220-98-4250 XXM 2 D YRS. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATN RECTOR UNIVERSITY HOSPITAL BALTIMORE 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 5 MARYLAND ANNE ARUNDEL BROOKLYN PARK permit. FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 100 17TH AVENUE 21225 use as the burial-transit attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe hospital or College (1-4 or 5 +) be detached for 12 ELECTRICIAN ELECTRICAL CONTRACTOR once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the PATRICK V. LATHAM CATHERINE BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICIA LATHAM 100 17TH AVENUE-BROOKLYN PARK, MD. 2 9 20a METNOD OF DISPOSITION

**Burlal 2 Greenation 3 G Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must GLEN HAVEN CEMETERY 12/29 GLEN BURNIE, MD. 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE ATCENSES 22. NAME AND ADDRESS OF FACILITY nours after death. RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. n by the fi medical 23. PART I. Enter the diseases, or complianted shock, or heart failure. List or aused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, completely filled in by 0 **IMMEDIATE CAUSE (Final** the cremation, diseese or condition resulting in death) AS A CONSCIUENCE OF event, in and com to burial, o executed traumatic CERTIFICATION Sequentisity list conditions, DUE TO JOR AS A CONSEQUENCE OF if sny, leading to immediate physician death certificate be prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the atter Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 YES 2 NO t. of h PHYSICIAN: has be Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) tem certificate I L DIRECTOR: After this certificate 2 hours after death with the State HOSPITAL: OTHER: XXXES 2 □ NO 1 X Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 8 Other (Specify) 0 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 5 Pending Investigation M 1 YES 2 NO 2/24/1993 SUBJECT FELL DOWN STAIRS BY 2: 20A 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) I'd SCATION STATE AND AVENUE BROOKLYN 28 Is TED 6 Could not be determined 4 Homicide AT HOME PARK, MARYLAND 21225 Item COMPLE 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dus to the cause(s) and manner as stated. FUNERAL within 72 ! HOSPITAL = TO THE HOSPITA
TO THE FUNERA
DE filed within 7. 2 💢 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATORE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE O.C.M.E. 2 30, MANIE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

93

1993

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

WHITE

U.S.A.

LONG

66

3. TIME OF DEATH

12:45

10d. INSIDE CITY LIMITS?___

14. RACE — American Indian, Black, White, etc.

1 TES 2 NO

21225

intervai Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month. Day, Year)

Penn Street, Baltimore, Maryland

12/25/1993

COMPLETION OF CAUSE

9. BIRTHPLACE (State or Foreign

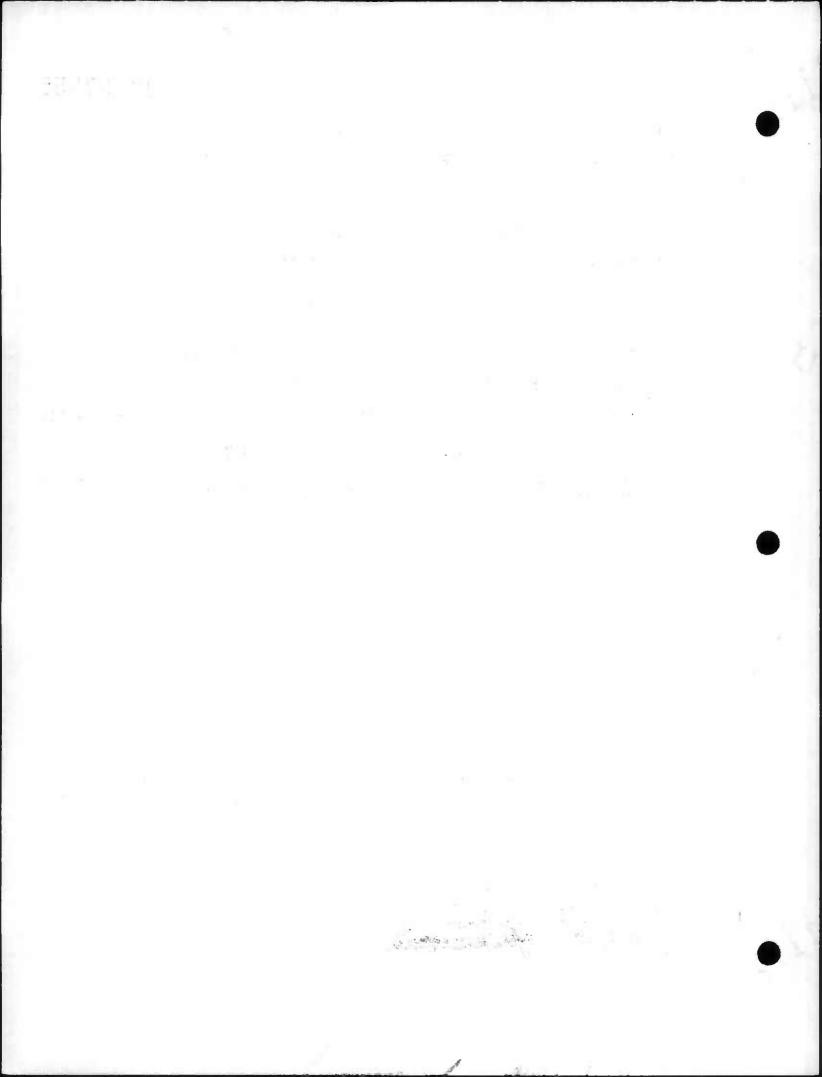
MARYLAND

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REG. NO.

2. DATE OF OEATN

**DHMH-18 Rev 1/89** 



	1. DECEDENT'S NAME (First, Mid	Miller								2. DATE OF MONTH	D		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6.40	E (In yrs. les	t hirthday)	IF UNDER	YEAR	IF UNDER	24 MDG	7. DATE OF	Z.	2 1	993	1448 F
	220-30-7311	1 D M 2		76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	Any, Year)	010	Count	y)
3	9a. FACILITY NAME (If not institu	ition, give street and nui	nber)	10		9b. CITY,	TOWN (	OR LOCATIO	ON OF DE	NOV	21 ]		NOT	th Caroli
8	Sinai Hospi	tal				В	alt	imor	70			1		
DIRECTOR	RESIDENCE OF DECED	b. COUNTY			10c CITY	r, TOWN O								10d, INSIDE CITY
E I	Naryland				100.011									LIMITS?
	10e. STREET AND NUMBER			Baltimore 101. ZIP CODE								10g, CITI	ZEN OF 1	WHAT COUNTRY?
ER/	2913 Fores	t Glen H	Road		2121									JSA
FUNERAL	11. MARITAL STATUS	5000	ECEDENT EVE	R IN U.S. AR	IN U.S. ARMED 13. WAS DECENDENT OF HISPA					PANIC ORIGIN? (Specify Yes or No- 1				E — American Indian, k, White, atc.
BY	1 Never Married 2 Mar 3 Widowed 4 Divorced	IF YES	DATES	2 NO If yes, specify Cuben, Mexic 1 YES 2 NO Spec					can, Puerto Rican, etc.) Bi				Black	
ED	15. DECEDE (Specify only hig	INT'S EDUCATION phest grade completed)			CEDENT'S				n	16b. K	ND OF BU	SINESS/IND	USTRY	27 4. 00 0 72
COMPLET	Elementary/Secondary (0-12)		1-4 or 5 +)	life.	(Give kind of work done during most of working life. Do NOT use retired.)									
MP	G				Dor	nest	ic					ite I	ami	ly
	17. FATHER'S NAME (First, Middle		18. MOTHER'S NA											
BE	Rafe Marsh:	190	Annie  19b. MAILING ADDRESS (Street and Number or Rural Route Num								Contol			
2												21216		
	Tyrone B. Miller   12913 Forest Glen Road Baltimore													
	1 Nouriel 2 Cremation 3 Removel from State Cemetery, crematory or other place)											Count		
	21. SIGNATURE OF FUNERAL SE	ERVICE LICENSEE			0 0 0	22. N	AME A	O ADDRES	S OF FA	CILITY N	itter	Fune		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral. H 2501 Gwynns Falls Parkway Baltimore, MD 21216												nonce, 1	
NOI	disease or condition resulting in death)  a. Gostric uce for conditions, of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d. Gostric Unit Conditions, our to (or as a consequence of):  DUE TO (or as a consequence of):								<u> </u>					10 aa
ERTIFICA	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	DUE TO (OR A	S A CONSEC	OUENCE OF	r):								
AL CERTIFICATION	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d					derlying	g cause g	liven in	Part I. 2	ta, WAS AN		246	
MEDICAL	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d					derlying	g cause g	liven in		Ea. WAS AN PERFOI	RMED?	245	AMAILABLE PRIOR TO
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DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Midd	a was mast	en					MONT	or DEATH	AY 7.1	YEAR	TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UN	IDER 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTHPL	ACE (State or Foreign
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BALTIMORE, after death. Page 6 may be by the funeral director, page moral. cal examiner must be		+ Hary &	& Rollins	1		Ba.	ol Gw Ltimo	ynns re, M	Fall: aryl:	s Park and 2	way 1216		lomes, Inc.
hir cours tely filed in thation, or rel t, the med it.		23. PART I. Enter the disease shock or heart immediate CAUSE (Finel disease or condition resulting in death)	es, or complications the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of th	use on each line		au'c			h ee cer	diec or reep	iratory em	mt,	Approximata interval Between Onset and Death
N 8 5 - 6	z	end stage venal disease										6 months	
8 "	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING											
BO ficate be physicia ne prior er trau	걸	CAUSE (Disesse or Injury	C. OUE TO	O (OR AS A CONSE	A CONSEQUENCE OF:								
S, P.O. BOX death certificate be attending physician ental Hygiene prior to iny, or other traur	E	that initieted events resulting in death) LAST		OUE TO (OR AS A CONSEQUENCE OF):									
DS, P he death the atter Mental i	E		d.	**									1
D & 5 7 6	MEDICAL	PART II. Other eignificent co	onditions contributing to	o deeth but not i	resulting i	in the under	lying caus	se given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMEO?	AA CI	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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F VITAL RESIGNATION TO THE LAW TO THE LAW THE STATE DEPT. OF 1 the State Dept. of 1, or 11em 23 sho	ä	hyperter	1si an										
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VI.	S	1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA	4 🗌 Nursing	-		6 🗆 Oth	er (Specify)		11 1	
〇天海季	Y PHY	27. MANNER OF OEATH  1 Natural 5 Pendi	ng 💮	F INJURY Day, Year)	26b. TIM INJ	URY	WORK?		28d, DE	SCRIBE NOW	INJURY OCC	UREO	
TISIC TITLE OF THE A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — A1 home, farm, stree1, factory, office City or Town, State) 28e. PLACE OF INJURY — A1 home, farm, stree1, factory, office City or Town, State)									or Rural Rou	te Number,	
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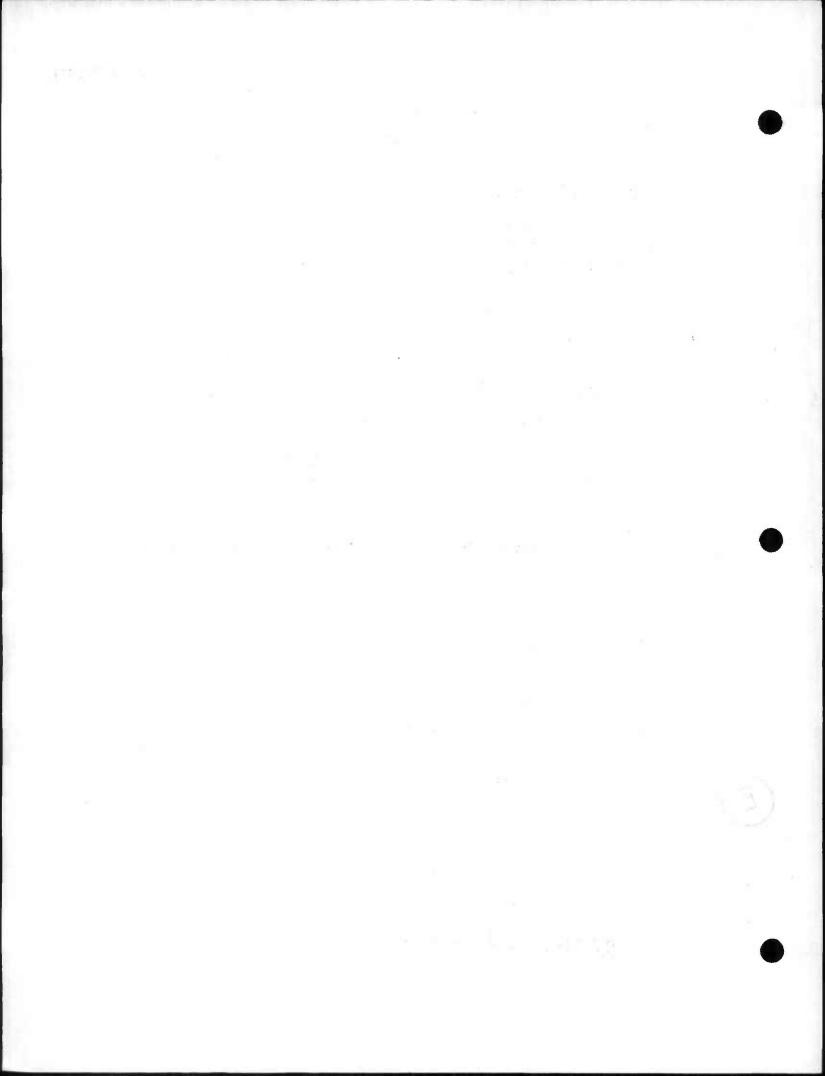
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (First, Middle, Last)  LYNNE	7		3.4				2. DATE OF DE MONTH	DAY	93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Z.			ccoy				21	93	1:10 P M	
	240-50-6581	5. SEX	6. AGE (In yrs. lest bit		IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BII (Month, Day, 3-21-	Ybar)	Countr	PLACE (State or Foreign y) I'H CAROLINA	
	9e. FACILITY NAME (If not institution, give st	reet and number)		1 2	9b. CITY, TOW	N OR LOCAT	ION OF DE			COUNTY OF D		
R	838 GLEN ALLEN D	RIVE				MORE				COUNTY OF D	CAIT	
हि	RESIDENCE OF DECEDENT					- 10.45	<u></u>					
DIRECTOR	10a, STATE 10b, COUNTY		1	loc. CITY,	TOWN OR LO	CATION				-	10d. INSIDE CITY LIMITS?	
	MARYLAND -		-	B	ALTIMO	RE					1 X YES 2   NO	
\¥	10e. STREET AND NUMBER					101. ZIP COD	E		100	. CITIZEN OF V	VHAT COUNTRY?	
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5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED	D	13. WAS I	SOCITY Cub	OF HISPANI	C ORIGIN? (Spe , Puerto Rican,	ecify Yea or Ne	0- 14. RACE Black	— American Indien, t, White, etc.	
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES A			ES 2 XNO			,	Speci		
ETED	15, DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Give I	kind of wo	SUAL OCCUP	TION most of worki	ing	16b, KIND	OF BUSINES	S/INDUSTRY		
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								ME (First, Middle,		me)		
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2		/ana									am 04000	
	ROBERT I. MCCOY  20a. METHOD OF DISPOSITION	(HUSBAND	20b. PLACE AND				LANE			MARYLA N — City or To	ND 21229	
	1 Burial 2 X Cremellon 3 Remo	val from State	cemetery, cremete METRO C	ory or oth	er place)		24/93				III. CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	
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	resulting in death)		OR AS A CONSEQUE			EAD A	וס סוו	RANGUL	ALTON			
z											į į	
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2	CAUSE (Disease or injury											
E	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUE	NCE OF).								
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	PART ii. Other aignificant conditions	contributing to	death but not rasu	ulting in	in the underlying cause given in Part i.						WERE AUTOPSY FINDINGS	
EDICAL									PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_   1323			OF DEATH? 1 XYES 2 □ NO	
 Z								_			A	
🕺	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF C	DEATN (Chec	ck only one)				
Si	1 XYES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpetient 3 🗆	DOA	OTHER:	ome 5 🗆 R	saldence 6	Other (Spec	offy) AT	SCENE		
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BY F	1 Natural 5 Pending 2 Accident Investigation		/1993 1	OUTIO	D M 16	YES 2	□ NO	SUBJE	CT BEZ	ATEN		
ED	3 Suicide 8 Could not be	28e. PLACE Of building, a	INJURY — At home,	farm, str	eet, factory, o	fice		28f. LOCATION	(Street and No	imber or Rural F	loute Number,	
	4 Homicide detarmined		IN.	1 HO	JSE			~,838	II. LOCATION (Street and Number or Rural Route Number, City 8 38%, StepEN ALLEN DRIVE			
121	29a. CERTIFIER 1 CERTIFYING PHYSIC	DAN: To the best of s	my knowledge, death	occurred	at the time, d	ete and place	, and dua t	o the cause(a) a	and manner a	s stated.		
COMPLET	one) 2 MEDICAL EXAMINER										) and manner as stated.	
ШС	296. SIGNATURE AND TITLE OF CERTIFIER	11 -				29c. LIC	ENSE NUM	BER	29d	DATE SIGNED	(Month, Day, Year)	
100	Theodore M.	ling	ui O			0.0	C.M.E	G.		12/22/		
2	30. NAME AND ADDRESS OF PERSON WHO			7) (Type, F	Print)							
	Theodore King M.	D. /	111 F	Penn	Stree	t, Ba	ltimo	ore, Ma	ryland	2120	)1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	T'S SIGNATURE									
	DEC 271993	Juliard	Sinden Par	بالبالياد	'							



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93 3	37459
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	WEAR	3. TIME OF DEATH

oc l	235-22-5158  90. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION O		014 W. V	irgini "
DIRECTOR	Umbra Street	724		Baltimore			
H.	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCATION		10	d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Bal	timore			YES 2 NO
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FUNER	Umbra Street  11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	21224	PANIC ORIGIN? (Specify Yes or	nited S	American Indien,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FDRCES? 1 YE	S 2 NO	If yes, specify Cuben, Me 1 ☐ YES 2 ☐ NO Sc		Black, W Specify:	hite, etc.
ED B	15. DECEDENT'S EDU	I CATION	WW2				White
ETE	(Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
COMPLI	1 O	College (1-4 or 5+)	Barber		Dave	's Barb	or Sho
COMPL	17. FATHER'S NAME (First, Middle, Last)		Barber		NAME (First, Middle, Maiden Su		EI_ 5110
BE C				Effi	е		1 1 - 1
10	19a. INFORMANT'S NAME (Type/Print)				iral Route Number, City or Town,		
TO BE	Lucille Mil				4 Balto. M		
	122 Buriel 2 Cremation 3 Rem		ob. PLACE AND DATE OF DI emetery, crematory or other p	olaca)		TION City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Oak L	22. NAME AND ADDRESS OF	12/29 Dun	dalk, M	arylan
	× 11.01	70.		W. Dabrow	ski/Chojnac	ki F.H.	P.A.
	23. PART I. Enter the diseases, or	( rapine	Mi	1005 Dunda	lk Ave. Bal	to Md	2122
TIFICATION	Sequentially list conditions, if any, leading to immediate	b	S A CONSEQUENCE OF):				
CERTIFICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (DR AS	A CONSEQUENCE OF):				
빙	PART II. Other aignificant condition	na contributing to death	but not resulting in th	ne underlying cause giver	in Part I. 24s. WAS AN AL	TTOPSV 245 WE	RE AUTOPSY FINE
1				o didding order gird.	PERFORM	ED? AM	VILABLE PRIOR TO MPLETION OF CAL
CAL					1 HES 2V	or or	DEATH?
1EDICAL							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOOD VAL		26. PLACE OF DEATH	(Check only one)		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH THER: Nursing Home 5 B Resider			YES 2 NO
HYSICIAN: M	EXAMINER?  1		utpellent 3 DOA 4 D Y 28b, TIME OF	HER: Nursing Home 5 Reelder			
ED BY PHYSICIAN:	EXAMINER?  1	1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	y 28b. TIME OF INJURY	HER: Nursing Home 5 Presider  28c. INJURY AT WORK?  M 1 YES 2 ND	ce 8 Other (Specify)	URY OCCURED	YES 2 NO
D BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER-OF DEATH  1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYS	1   Inpetient 2   ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE DF INJU building, atc. (S)	Y 29b. TIME OF NUMRY  RY — At home, ferm, stree  owledge, death occurred at	HER:  Nursing Home 5 Paeelder  28c. INJURY AT WORK?  M 1 YES 2 ND  I, factory, office	28d. DESCRIBE HOW INJ	URY OCCURED  ! Number or Rural Route or se stated,	YES 2 NO

DIRECTOR

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ON OF VITAL RECORDS, P.O. BOX 13146,	THE PHYSICIAN THE LINE requires that the death certificate be executed within	
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BE	Albert	J.	Hanks	3	Nett	tie	L
10 8	19s. INFORMANT'S NAME (NovPrint)		19	b. MAILING ADORE	ESS (Street and Number of	or Rural Route Numi	ber, City or Town
F	Charles E.	Marsha		101 Bla	den Road	Essex,	Maryla
	20s. METHOD OF DISPOSITION  XXBurial 2 Cremation 3 1	Ramoval from State	30b. PLACE Inheli pi	OF DISPOSITION (	Name of cemetery, creme	story or	20c. LOC
	4 Donation 5 Other (Specify)	22442			Funeral Ho	ome	Rei
	21. SIGNATURE OF FUNERAL SERVICE	O /	111	20	2. NAME AND ADDRES Bruzdzinsl	ki Funer	
$\neg$	23. PART I. Enter the diseases,	or complications that	coursed the de		1407 Easte		
	IMMEDIATE CAUSE (Final disease or condition	are. List only one can	e int	e. — Larent	bral Res	morrhe	iço_
	reaulting in death)	DUE TO	OR AS A CONSE	OUENCE OF):			0
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EDICAL C	PART II. Other algoriticent cond	obstrue	death but not	resulting in the	underlying cause g	Iven in Part I.	24a. WAS AN PERFOR
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AN	25. WAS CASE REFERRED TO MEDICA	AL			26. PLACE OF DE	ATH (Check only or	ne)
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X PHX	27. MANNER OF OEATH  Netural 5 Pending  Netural Investigat	28a. DATE OF (Month, D.	INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OE	SCRIBE HOW II
TED	3 Suicide 6 Could no	28e. PLACE O	F INJURY — At he etc. (Specify)	ome, farm, street, f	actory, office	28f. LOC City	ATION (Street a or Town, State)
COMPLE	one) — -	HYSICIAN: To the best of at					
BE	296. SIGNATURE AND TITLE OF CERT	Henera	- , M	D.	29c LICE	NSE NUMBER	2
10	30. NAME AND ADDRESS OF PERSON	O DONOVI		EM 27) (Type, Print)	DUNBA	LL A	VE.

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Nettie Marshall AL 3. TIME OF DEATH 2. DATE OF DEATH DAY 3 43 NETTLE 2 1530 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) JF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 1 - M 2 XX 63 YRS. July 17, 1930 Virginia 228-32-7020 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH 101 Bladen Road Essex Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Essex 1 - YES 2 NO 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? U. 101 Bladen Road 21221 S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Tipeofy only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (5-12) College (1-4 or 5+) House Wife Home 17. FATHER'S NAME (First, Middle, Lost) 16. MOTHER'S NAME (First, Middle, Maiden Surname) uckam State, Zip Code) nd 21221 CATION - City or Town, State nswood, Virginia e PA sex, Maryland 21221 ratory arrest, Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AUTOPSY MEO? OF OFATH? 1 YES 2 NO UURY OCCUREO nd Number or Rural Route Number, ner as stated. d due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 12-24-93 BALTO mD 212 22 32. BEGISTRAR'S SINATURE DEC 271993

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TA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hos	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- STATE REGISTRAR	STATE OF MAI	CENT	TIFICATE (	OI DEATH	REG.	140.		
1. DECEDENT'S NAME (First, Middle, L			SCA SP		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
William  4. SOCIAL SECURITY NUMBER	s sex	MC AGE (In yrs. leet birthe	70011		12		1993	13:49
215 01 0163	1 M 2 - F	79	.,	ZEAR IF UNDER 24 HRS. MAYS HOURS MIN.	7. DATE OF BIRTH		Canto	HPLACE (State or Foreign
Franklin Sq.  Residence of Decedent	Hospital			SSVILLE	DEATH		TIM	
10e. STATE 10b. CO		10c	CITY, TOWN OR I	LOCATION SEX				10d. INSIDE CITY LIMITS? 1 YES 300 NO
10e. STREET AND NUMBER 8620 Kelso I	rive Apt. 2	218 A		10f. ZIP CODE	2	10g. CITI	IZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES?  IF YES, GIVE WAR  WW11 - KO	YES 2 NO	If yo	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 NO Speci	NIC ORIGIN? (Specify		44 BAC	E — American Indian, k, Whitehalo
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Give kin	NT'S USUAL OCCU	ing most of working		BUSINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Last Joseph	Mosea			18. MOTHER'S N.	AME (First, Middle, Maira Va Joh	iden Surname)		
190. INFORMANT'S NAME (Type/Print) Adelaide M. Mo	sca. Wife	19b. MAI 862	LING ADDRESS (S	ireel and Number or Rural Dr. Apt.	Route Number, City or 218 A	Town, State, Zip	Code)	21221
20a, METHOD OF DISPOSITION 1 Burial PC Cremation 3 0		20b. PLACE AND D	ATE OF DISPOSITION	ON (Name of	DATE , 20c	LOCATION -		
4 Donation 6 Other (Specify)	E LICENSEE		As tintaccor 22. NAI Br	ME AND ADDRESS OF F	12/24/93 Funeral I			e, MD
21. SIGNATURE OF FUNERAL SERVIC	or compliantions that cause List only one cause	sused the death, on each line.	22. NAI Br	ME AND ADDRESS OF F PUZDZINSKI 07 Eastern e mode of dying, sur	Funeral I	iome PA	re, l	MD 21221 Approximata
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23. PART I: Enter the disease, shock, or heart falls immediate cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond Parkinsons DMulti Infarc  25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigate 29 Accident 3 Suicide 8 Could not determine (Check only 1 CERTIFYINO P.	a. Congesti Due to (on  a. Congesti Due to (on  b. My.ocardi Due to (on  d. Peripher  Itions contributing to dei isease t Dementia  Le Hospital: 1   Impatent 2   Let   28a. Date Of INA (Morit, Day, 1)   1bb   28b. PLACE Of INA HYSICIAN: To the best of my  MINER: On the best of axem	JURY — At home, far (Specify)	Do not enter the Failure CE OF): Cardiovace OF): Clardiovace OF): Clardiovace OF): Clardiovace OF): Clardiovace OF): Cardiovace  ME AND ADDRESS OF F.  MZdZinski  O7 Eastern e mode of dying, sur e  ascular Di  lusive Dis riying cause given in  26. PLACE OF DEATH (C g Home 5   Residence ic. HAUHRY AT WORK? 1   YES 2   NO r, office	ACILITY Funeral I Ave. Bach as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or research as cardiac or res	SAN AUTOPSY IFORMED?  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1407 Eastern Ave. Deltimore, ID 21221

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THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a man with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. MPORTANT: Il item 28 is marked, or item 23 shows any Injury, or other traumatic event, the TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

4. SOLAL SECURITY NUMBER 219-10-2132 XX W 2 P 6 68 vrs. White Date before your process with a second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control o	1. DECEDENT'S NAME (First, Middle, Li		SOBER	I	9.76		M		DAY L3	YEAR 93	3. TIME OF DEATH	
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85 Timber Ridge Drive  III. MARTAL STATUS  III. MARTAL STATUS  III. NAME DECENDENT OF INSPANCE ORDINAT (Specify Name or No— III. RACE — American Instance of Process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 2   100 process or Martes 3   100 process or Martes 3   100 process or Martes 3   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes 4   100 process or Martes	10a. STATE 10b. COU	NTY		10c. CIT					10d. INSIDE CITY LIMITS?  1XYES 2 NO			
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Teal Nation Markel  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Patty Hornberger  209. METHOD OF DISPOSITION 17. Number (Specify) 17. Number 3 C cremation 3 C Ramoval from State 17. Number 3 C cremation 5 C Disposition 17. Number 3 C C cremation 5 C Disposition 17. Number 3 C C cremation 5 C Disposition 17. Number 3 C C cremation 5 C Disposition 17. Number 3 C C cremation 5 C Disposition 17. Number 3 C C cremation 5 C Disposition 17. Number 3 C C C C C C C C C C C C C C C C C C	(Specify only highest gr Elementary/Secondary (0-12)	rade completed)	(G	Silve kind of a. Do NOT u.	work done during i se retired.)	nost of working						
Patty Hornberger  7961 Citadel Dreve Severn, MD 2114  20. METHOD OF DISPOSITION   Removal from State   20b. PLACE AND DATE of Piscol   20b. PLACE AND DATE of Piscol   20b. Cocation — City or Town, State   20b. PLACE AND DATE of Piscol   277 Cockeysvill  21. SIGNATURE OF PURBRAL SERVICE LICENSEE   22. AMARE AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. AMARE AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. AMARE AND ADDRESS OF FACILITY   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AMARE AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF FACILITY   22. AND ADDRESS OF F		n Markel				- Design to the second second second						
20. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   Cemetary   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   20c. LOCATION - City or Town, State   2   2   2   2   2   2   2   2   2		caer	19			end Number or Ru	ral Route I	Number, City or To	wn, State, Zip		21144	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   Burgee - Henss Funeral Home   3631 Falls Rd   Balto, MD   212     23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval indeases or condition   CONGESTIVE   HOAT FAILURE	20a METHOD OF DISPOSITION 1 Muriel 2 Cremetion 3 F		20b. PLACE	AND DATE	OF DISPOSITION (	Name of		DATE 20c. L	OCATION —	City or To	own, State	
Abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C		LICENSEE		/	22. NAME	AND ADDRESS OF	FACILITY				V D V I I I C /	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJU	23. PART I. ERITET THE DISCUSSES,	or complications that	t caused the de	eath. Do i							Approximate	
EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Arealdence 8   Other (Specify)  27. MANNER OF DEATH  1   Netural   5   Pending   Investigation   2   Accident   3   Suicide   8   Could not be   28e. PLACE OF INJURY   At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, State)	ahock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO DUE TO C.	OR AS A CONSE	OUENCE O	I+CAL	FAIL	JUR Q	cardiac or reap	piratory an	reat,	Approximate Interval Batw	
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be  28e. DATE OF INJURY 28b. TIME OF INJURY M 28b. TIME OF INJURY M 1 YES 2 NO  28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28e. DATE OF INJURY OCCURED  28e. DATE OF INJURY AT WORK?  1 YES 2 NO  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 OF INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. 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2 Accident  3 Suicide 8 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  City or Town, State)	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  VIDD D  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. OUE TO DUE TO d. ACOUS	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	OUENCE O	ITEM  ITEM  ITEM  ITEM  ITEM  IN THE ITEM  IN THE ITEM  26.  OTHER:	THILL ARY A	In Part	I. 24a. WAS A PERFC	S CAS	reat,	Approximate Interval Batw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
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29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  VIDD OT  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not	a. COA  B. OUE TO  C. DUE TO  C. DUE TO  C. DUE TO  ACOUS  HOSPITAL:  1   Inpetter: 2  28e. DATE OF (Month, P. On be building.)	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE O  OUENCE O  OUENCE O  OUENCE O  OUENCE O  A  OUENCE O  OUENCE O  OUENCE O  OUENCE O  OUENCE O	IT CORO  F):  CORO  F):  OTHER: 4   Nursing Hitself Purify Mary M   1	INTERPOLATION AT TORK?	In Part  (Check on ce 8   0	I. 24a. WAS A PERFC 1 PES	N AUTOPSY RIMEP? 2 ANO	24b	Approximate Interval Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do	
29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year 13660 1144993  30. NAME AND RODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  VIDD OT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING Ph	a. 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I  JURY M   1    street, fectory, of	ng cause given HTW  PLACE OF DEATH  PLACE OF DEATH  TORK?  YES 2 NO	In Part  (Check on 28d.)  281.	I. 24e. WAS ALPERFO  1 YES  Dither (Specify)  DESCRIBE HOW  LOCATION (Street, State of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of	N AUTOPSY PAMED?  2 NO  INJURY OC  and Number  anner as sta	24b	Approximate Interval Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do	



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erent AN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending p	and inflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	are item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	JWR									
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEP	ARTMEN	T OF H	IEAUTH AND DEATH	MENTA		-	37463
	1. DECEDENT'S NAME (First, Middle, Last)		CERT	IFICAT	E OF	DEATH	2. DATE	REG. NO		3. TIME OF DEATN
	CALVER	r Francis	MOOF	RE.			MONT	TH DA	25. 19	93 10:51 p
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdi		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE (State or Foreign
	216-03-6425	1 🔀 M 2 🗆 F	76 YRS	B. MONTHS	DAYS	HOURS MIN.	Dec (Mon	9, 19		Maryland Maryland
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CIT	Y, TOWN (	OR LOCATION OF		5, 15		TY OF DEATH
E C	COOD SAMARI	TAN HOSPI	ΓΔΤ.		BAL	TIMORE	CIT	Y		
5	GOOD SAMARI RESIDENCE OF DECEDENT  100. STATE  100. COUNTY								<u> </u>	
DIRECTOR			10c.	CITY, TOWN						10d. INSIDE CITY LIMITS?
2	Maryland 100. STREET AND NUMBER					timore (	ıty			1 X YES 2 NO
FUNERAL		Fernbank Av	enue		101	. ZIP CODE	21214	1		EN OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER		1 49	WES DEC	ENDENT OF NISF			1	ted States
四	1 Never Married 2 X Merried	FORCES? 1 X YE	S 2 NO	"	If yes, sp	ecity Cuben, Mex	can, Puerto	Rican, etc.)	F OF NO.	4. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	WW II Arr			1   123	2 NO Spe	сту:			Specify: White
	15. DECEDENT'S EDUI (Specify only highest grade		18e. DECEDEN	T'S USUAL	OCCUPATIO	ON ant of working	166	b. KIND OF BU	SINESS/INDU	STRY
9	Elementary/Secondery (0-12)	College (1-4 or 5+)		of work done T use retired.	)	or or morning				011
COMPLET	12	2	C10	erk						ore City
	17. FATHER'S NAME (First, Middle, Last)		Moore			18. MOTHER'S			_{Sumeme)} alenha	n
BE	19e. INFORMANT'S NAME (Type/Print)					Sac				
2		E. Moore	630:	2 Feri	nhank	Avenue	Ral:	iber, City or Tow himore	n, State, Zip C Md	21214
	20e. METHOD OF DISPOSITION	TER DESIRE	0b. PLACE AND DA				DAT			ty or Town, State
	1 Donation 5 Other (Specify)					12/29			ltimor	
	21. SIGNATURE OF FUNERAL SERVICE NIC	ENSEE Milton 1	Knight Jr	22	. NAME A	ID ADDRESS OF	FACILITY	Baltimo		
	> milt	R	Jingite of	- i	0000	nd 1 Dr			,	larford Road
	23. PART I. Enter the diseases, or o	complication that sour	ad the death 5							
	ahock, or heart feilure.	List only one cause on	each lina.	o not ente	r the mo	de oi dying, si	Jon as car	alec or respi	iratory arre	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Adza	0-	40		100		0		Onset and Death
	reaulting in deeth)	DUE TO (OR AS	A CONSEQUENCE	E OFI:	0	10.05	ida	كىفار	2/2	3-2
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	E OF):	-					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	E OF):						
		d								
L C	PART II. Other significent condition	a contributing to death	but not resulting	ng In the u	ındariyin	g ceuse givan	In Part I.	24e. WAS AN		24b. WERE AUTOPSY FINDINGS
2	) abotes	mellin	8					PERFOR	~ 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	8	V						/ / /	y Nio	OF DEATH?
-										
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (	Check only o	ne)		
SIG	1-Z YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/O	ulpatient 3 🗆 DO	A 4 No		e 5 🗆 Residenc	6 🗆 Oth	er (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	26e. DATE OF INJUR (Month, Oay, Year	28b.	TIME OF	28c. INJ	URY AT	28d. DE	SCRIBE HOW I	NJURY OCCU	PRED
BY	Natural 5 Pending Investigation			M	1 🗆 '	YES 2 NO				
	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJU- building, etc. (S)	RY — At home, far pec/fy)	m, street, fe	ctory, offic	•	28f. LOC City	CATION (Street of Town, Stete)	end Number o	r Rural Route Number,
E										
MPL	000)	CIAN: To the best of my kno								
COMPLETED	2 X MEDICAL EXAMINE		ion end/or investig	ation, in my	opinion, d	eath occured at t	he time, date	e end place, en	d due to the	cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Story				29c, LICENSE N			29d. DATE:	SIGNED (Month, Day, Year) 26 1993
0	38. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	CATH ATEN OF C	Sma Drives		OCMI	4		1. 4	

111 Penn Street, Baltimore, Maryland

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MORTH, Day, Year)
DEC 2 7

DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (Fil	rat. Micielle 1 ee	t)		ENTIFI	CATE OF	DEATH	REG. NO	93	0 5000 00
	Mary Mit			y Eliza	abeth 1	Mitchel	1)	2. DATE OF DEATH MONTH D	YEAR 9	
	4. SOCIAL SECURITY NUI 239-24-219	MBER	5, SEX 1 M 2 X F	6. AGE (In yrs. 68		F UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day 8 or) 1.	1.0	HITHPLACE (State
OR	oa. FACILITY NAME (II not Union Men	morial					on LOCATION OF D		Sc. COUNTY O	OF DEATH
DIRECTOR	RESIDENCE OF DE 100. STATE Md	10b. COUI	тү	T LES	10c. CITY,	TOWN OR LOCA Baltim		osedale)		10d, INSIDE LIMITS1
FUNERAL	7816 Rolli		sta Ct.			10	1. ZIP CODE 21.23	7		OF WHAT COUNTE
BY	11. MARITAL STATUS 1 Never Married 2 ( 3 Wildowed 4 December 1985)		12. WAS DECEDER FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 P WAR OR DATES	SNO	If yes, st		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:		RACE — American Black, White, etc. Specify: Blac
ED		ECEDENT'S E		18a. I	DECEDENT'S L	ISUAL OCCUPATI ork done during me retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUSTR	TY.
PLE	Elementary/Secondary 12th	(0-12)	College (1-4 or 5 2yrs	+)	_	retired.)		С	leaners	
E COMPLET	17. FATHER'S NAME (First, Relous Bur							AME (First, Middle, Maiden a Gill		
TO BE	19a. INFORMANT'S NAME Barbara Wa							Route Number, City or Tow		
	29a, METHOD OF DISPOS 1 Surial 2 Creme 4 Donation 8 Oth	ition 3 🗆 Re	moval from State			o Cenete	eme of 12/2	_ 1	cation — chy o	or Town, State
	23. PART 1. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart failur	e. List only one car	nt caused the use on each life	ne.	1	ode of dying, suc	ch as cardiac or resp	iratory arrest,	Appro Intervi Onset
ERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	nediata LYING njury	c to	OR AS A CONS	DOC C	;	e (sp	CUAMOUS (	ceu)	
I: MEDICAL CERTIFICATION	if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	nediata LYING njury	c. DUE TO	O (OR AS A CONS	SEQUENCE OF	ANCE			AUTOPSY RMED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH?
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AL	if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca	AST Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the Medical Condition of the	d. COP ona contributing to	O (OR AS A CONS	EEOUENCE OF)	28. POTHER:	LACE OF DEATH (C/	Part I. 24a. WAS AN PERFO 1 TYES :	AUTOPSY RMED? 2 NO	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL	If any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications of the committee of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t	nediata LYING njury AST	DUE TO  d. COP  ona contributing to  hospital: 1 inputient 2 ( Month, in  28e, PLACE (	D (OR AS A CONS	BEOUENCE OF)  A C C C BEOUENCE OF)  To resulting in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	28. POTHER: 4   Nursing Hor OF 28c. IN WY M 1	LACE OF DEATH (C/	Part I. 24a. WAS AN PERFO 1 YES :	I AUTOPSY RMED? 2 NO	24b. WERE AUTOP AMAILABLE TO COMPLET PO COMPLET TO OF DEATH?  1 YES 2
D BY PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Natural 5 Accident  3 Suicide 8  4 Homicide 8  29a. CERTIFIER (Check only	Pending Investigation Could not a determined ExtriFYING PH	DUE TO  d. COP  ona contributing to  HOSPITAL: 1 Inputient: 2 28a. DATE Of (Month, in published) 28b. PLACE of building	DO (OR AS A CONS) O death but not Description OF INJURY — At, etc. (Specify) of my knowledge,	t resulting in 28b. Time inju	28. P  OTHER: 4   Nursing Hor  OF 28c. IN  Nursing Hor  OF, 1   1   1    rest, factory, office	LACE OF DEATH (C/	Part I. 24a. WAS AN PERFORM 1 TYES:	AUTOPSY RMED?  Z NO  INJURY OCCURE  and Number or Ru	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 YES 2
BY PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Natural 5 Accident  3 Suicide 8  4 Homicide 8  29a. CERTIFIER (Check only	Pending Investigation Could not a determined ExtriFYING PH	DUE TO  d. COP  ona contributing to  PSPITAL: 1 inputent 2  28a. DATE Of (Month, I)  28a. PLACE of building  VSICIAN: To the best of NER: On the best of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribut	DO (OR AS A CONS) O death but not Description OF INJURY — At, etc. (Specify) of my knowledge,	t resulting in 28b. Time inju	28. P  OTHER: 4   Nursing Hor  OF 28c. IN  Nursing Hor  OF, 1   1   1    rest, factory, office	LACE OF DEATH (C/	24a. WAS AN PERFOI 1 YES :  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  1 time, data and place, as	INJURY OCCURE	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 YES 2

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

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page 5 should

signed by the attending physician and completely filled in by the funeral director, Health and Mental Hyglene prior to burial, cremation, or removal.

r this certificate his with the State [

DIRECTOR: After the hours after death v

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DR PARSHALL

DEC 2 7 1993

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32/ REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
_	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 not
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	who .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 37465 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH WILMA FRANCES MAC KENZIE 12-11-93 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7 DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Month, Day, Year) 10-16-29 216 24 2512 1 M 2 M F 64 DAYS **HOURS** Maryland YRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH 2000 O'Dell DIRECTOR Baltimore Avenue na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2210 O'Dell Avenue 21237 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

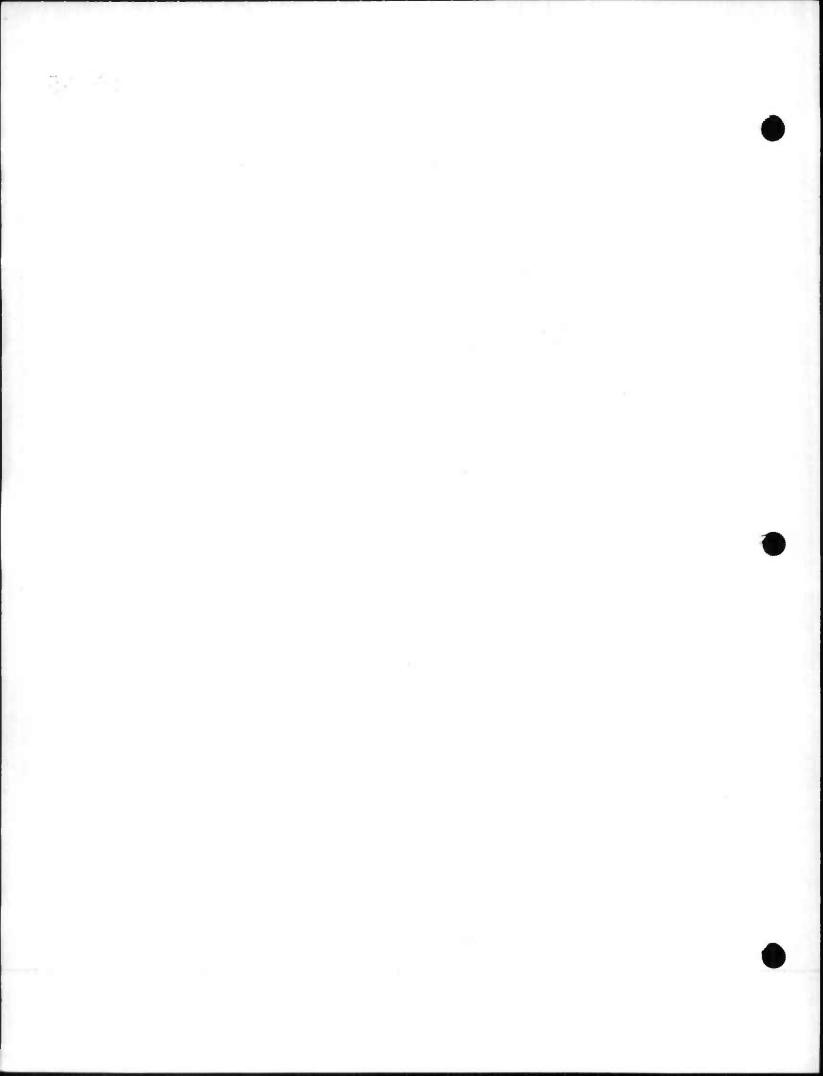
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Nover Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced No White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) seamest 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Edward Mac Kenzie Elizabeth A. Tuder BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3238 Kentucky Avenue, Balto, MD 21213 Louise Etchison 9 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 № Donation 5 Other (Specify) 21 SIGNATURE OF FUNDRAL SERVICE LICENSEER on ald examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt, Balto, MD21201 768220 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the th disease or condition resulting in death) ASCVD event, DUE TO (OR AS A CONSEQUENCE OF): INF. M.I traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events HYPER CHOLESTERIA Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO INSUFFICIENC shows ony RENAL COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO has been s Dept. of H n 23 shov PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigati M BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide Tem 29e. CERTIFIER (Check only one)

One)

MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II A 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE on austall D4000 8

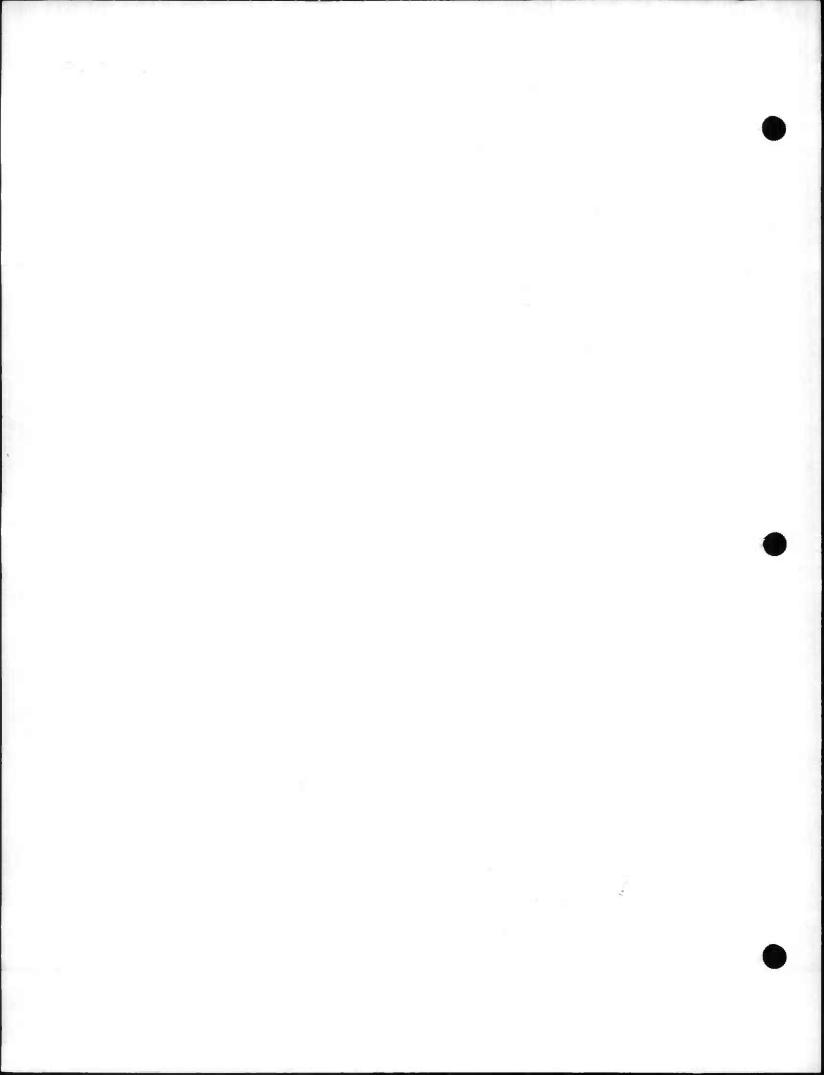
HollanderRidgeHealthCnt, 20000'DellAve, Balto, MD21237

93



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-ribours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within the State Dect of Health and Mental Hoolene prior to burial, cremitating. Or removal BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)  DRENNEN	GEDDES	MANN	-	<del></del>	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 7:35 P M
			'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
	245 22 0942	1 DM 2 DF 6	5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-4-28		Country) .Carolina
	Sa. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN O	OR LOCATION OF DE		9c. COUNTY	
5	6 Somers Court			Cocke	eysvill	0	Bal+	co County
בַּ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY						Dar	
DIRECTO	100.000111	timore Cou		town or locat				10d, INSIDE CITY LIMITS?
	10e, STREET AND NUMBER							1 YES 2 NO
FUNERAL	IOL STREET AND NUMBER			101	. ZIP CODE	1030	10g. CITIZEN US	OF WHAT COUNTRY?
밀	6 Somers Court							
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN ecify Cuban, Mexica	NC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	Yes, give war or do	ATES	1 [] YES	2 NO Specify	γ.	- 1	SpecHy: White
0	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BUS	INESS/INDUST	
	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during mo	st of working			
립	12+	College (I-4 of 5 +)				Landsca	ape Co	onstrctor
once.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
# I III	John Homer Ma	nn					,	
B 19	19s. INFORMANT'S NAME (Type/Print)		196. MAILIND	ADDRESS (Street a		Jane We.		fe)
1 1	Mrs S. Mann							,
2	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE O			DATE 20c.LO		or Town, State
la la	1 Buriel 2 Cremation 3 Remove 4 Deposition 5 Other (Specify)		etery, crematory or of		in to or	DATE	Serion — City	or lown, state
9	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE DA 1 2	W- 4- Di	22. NAME AN	ID ADDRESS OF FA	CILITY C		
E I	Rohald Wade, Dir State Anatomy Boar							
= -	money /	655W.BaltimoreSt, Balto, MD21201						
event, the medical examiner must be notified	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)    Due TO (OR AS A CONSEQUENCE OF):							
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEDUENCE OF):  c. DUE TO (OR AS A CONSEDUENCE OF):							
hows any Inju	PART II. Other significent conditions	contributing to death b	ut not resulting l	tha underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 PYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  Yes 2  NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL			ACE OF DEATH (Ch	eck only one)		
ISI I		HOSPITAL:	etlent 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 5 R Residence	6 ☐ Other (Specify)		
merked, or BY PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c, INJ		28d. DESCRIBE HOW IN	JURY OCCUR	ED
merke BY	1 Natural 5 Pending 2 Accident Investigation	(		M 1 🗆 1	_ 4			
28 is TED	3 Suicide 8 Could not be 4 Hornicide determined	28s. PLACE OF INJURY — Al home, farm, street, factory, office 28s. DCATION (Street and Number or Rural Route Number, building size (Specified)						lural Route Number,
MPORTANT: If Item 2  D BE COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ee stated.							
IMPORTA TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Pay, Mar)							CANED (Month, Joan, Mar)
	DR BRUCE BLUEMENTHAL 2205 York Road, Timonium, MD 21093							
	DEC 2 7 1993	32, REGISTRAR'S SIGN	ATURE ) 4					



or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

31. DATE FILED (Month, Day, Year)
DEC 2 71993

Frederick W. M. 4. SOCIAL SECURITY NUMBER	er <i>z</i> ger			MONTH a a / a Al	W VE	3. TIME OF DEATH
				12722/93		11:30PM
215–12–3118	5. SEX 6. AGE (In yrs. I		DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 07/23/21		BIRTNPLACE (State or Foreign Country) Maryland
Se. FACILITY NAME (If not institution, give s		9b. C	ITY, TOWN OR LOCATION OF C	DEATH	9c. COUNTY	OF DEATH
1705 Wadsworth Wa	ау	Ва	altimore		Balti	more, City
10e. STATE 10b. COUNT	Υ	Baltimo	N OR LOCATION			10d. INSIDE CITY LIMITS?  K YES 2 NO
100. STREET AND NUMBER 1705 Wadsworth	Way		101. ZIP CODE 21239		U.S	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	ARMEO NO	I3. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2X NO Speci	en, Puerto Rican, etc.)		Black, White, atc.  Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		OECEDENT'S USUAL (Give kind of work do ife. Do NOT use retire	OCCUPATION ne during most of working d.)	16b. KIND OF BUS	SINESS/INDUST	
12 Years	I	Laborer		Meat	Co.	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surneme)	
	liam Metzger Sr		Agatha			
190. INFORMANT'S NAME (Type/Print)  EStelle Metzger	1		ESS (Street end Number or Rural			
200. METNOD OF DISPOSITION	20h BLAC	EAND DATE OF DISK	IsWorth Way B		Marylar	
1 X Burlei 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donstion 5 ☐ Other (Specify)	oval from State cometery, of	crematory or other pla	ith Cemetery	12/27/93 1	Raltime	ore MD
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEL	1115 01 10	22. NAME AND ADDRESS OF F	ACILITY	Jarcing	ore, rib.
martin .	Dippelle	1.				neral Home In
23. PART I. Enter the diseases, or	complications that caused the	death. Do not en	10 Belair Ro	ad Balto. N	ID 212	206 Approximate
ahock, or heart failura.  IMMEDIATE CAUSE (Final	List only one cause on each ill	na.				Interval Between
disease or condition resulting in death)	DUE TO (OR AS A CONS	EOUENCE OF):	Colon Co	neez to	Brai	15men
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONS	EOUENCE OF):				
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
PART II. Other significant condition	as contributing to death but not	t resulting in the	underlying course given in	Book I Day Made And	ALITTORION	24b. WERE AUTOPSY FINDINGS
			andonyning codes given in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 _ YES 2	□ NO	OF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO						
27. MANNER OF DEATH  1     Netural 5   Pending 2   Recident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY	TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY — AI I building, atc. (Specify)	home, ferm, atreet, f	a, atreet, factory, office  281. LOCATION (Street and City or Town, State)			lural Route Number,
290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my knowledge,					
	R: On the basis of examination and/o	or investigation, in m	y opinion, death occured at the	Hme, data end place, an	d dus to the ce	use(s) end menner es stated.
	1	or Investigation, in m	y opinion, death occured at the		d dus to the ce	

NAME AND ADDRESS OF PENSON WHO COMPLITED CAUSE OF DEATH GIVEN 27 (7)09 Posson

Charles A. Padgett MD Good Samaritian Proffesional Office Bldg. Suite 107

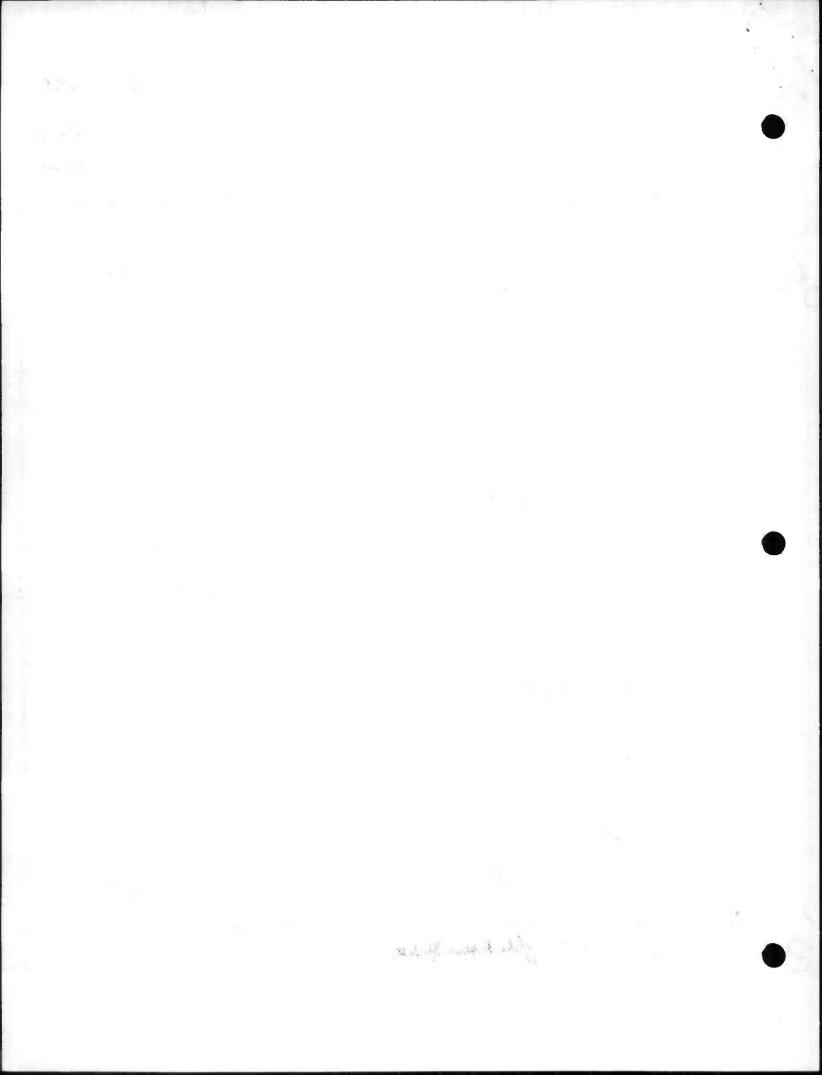
32. REGISTRAN'S SIGNATURE

VIII CONSIDE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 mounts after death. Page 6 may be retained by the hospital or attending physician.	Unite Funkture Discussion Discussion and Marial Holder of the Part of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder of Holder	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (MONTH), Day, Year)
DEC 2 7 1993

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC	MENT OF HE		ENTAL HYGIENE	93	37468		
1. DECEDENT'S NAME (First, Middle, L	n	aill			2. DATE OF DEATH MONTH DAY	93	3. TIME OF DEATH		
215-36-830	9-18/12 DF	92 YRS.	ONTHS DAYS	HOURS MIN.		0) 6	ARROLL		
	Se. FACILITY NAME (IT not institution, give street and number)  WESTMINSTER. NUR, & CUWV. CIR. WESTMINSTER CARROLL  BESIDENCE OF DECEDENT								
	arroll	10c. CITY,	Westmi				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
100. STREET AND NUMBER 3005 Ridge R 11. MARITAL STATUS	load			21157	gard.	10g. CITIZEN OF U.S.	WHAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE WAR OF	ES 2 NO	If yes, speci	DENT OF NISPANK Ity Cuben, Mexican, IX NO Specify:	ORIGIN? (Specify Yes of Puerto Rican, etc.)	Soci	CE — American Indian, ck, White, etc. clly: White		
15. DECEDENT'S (Specify only highest ; Elementary/Secondary (0-12) 9th 17. FATNER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use)	k done during most	of working	16b. KIND OF BUSI				
17. FATNER'S NAME (First, Middle, Last	)			IS. MOTHER'S NAM	E (First, Middle, Maiden S	Surname)			
William	Edward	Naill		Julia 1					
19a. INFORMANT'S NAME (Type/Print)	. 1 1				ute Number, City or Town,				
Mr. Donald Na	ill				inster, MD				
1 ScBurial 2 Cremation 3	1 Secretaria 2 Cremation 3 Removel from State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
I St. 1	Man	Kin			Funeral Di				
23. PART I. Enter the diseeses,	or complications that cau	sed the death. Do not	enter the mode	Old Lil	erty Road	Winfie	1d,MD 21784		
shock, or heart fello	ure. List only one ceuse or	each line.		or offing, each	as cardiac or respire	atory arrest,	Interval Between Onset end Death		
disease or condition resulting in death)	a. CONCI	S A CONSEQUENCE OF):	HE.	ART	FA)LV	ME	ZDAY		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR A	S A CONSEQUENCE OF):	CARDI	AL I	SCEPAR	DISE	MSF-ZYE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR A	S A CONSEQUENCE OF):							
	itions contributing to deet	h but not resulting in	the underlying o	ause given in P	nrt I. 24a, WAS AN A	urmopsy 24	b. WERE AUTOPSY FINDINGS		
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 700  27. MANNER OF DEATH	DOWN OF	pros	ATE		PERFORM  1 YES 2 [	ED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA	NL		26 PLAC	E OF DEATH (Chec	k only one)				
EXAMINER?	HOSPITAL:		THER:	5 Residence 6					
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	TY 28b. TIME (	F 28c. INJUR	Y AT	28d. DESCRIBE HOW IN.	JURY OCCURED			
1 Natural 5 Pending 2 Accident Investigat	lon	M 1 VES 2 NO							
	building, etc. (3	<ol> <li>PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)</li> </ol>			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	HYSICIAN: To the best of my kr MINER: On the bests of examina						(s) and manner se stated.		
II.									
	IGHER / / . AA		2	9c. LICENSE NUMB	ER	29d. DATE SIGNE	D (Month, Day, Year)		
29b. SIGNATURE AND TITLE OF CERT	Wellson	MI	2.	DIII	+96	P / Z	-22 43		



SALLIMONE, MANILAND SIZIS-0020	thi cours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

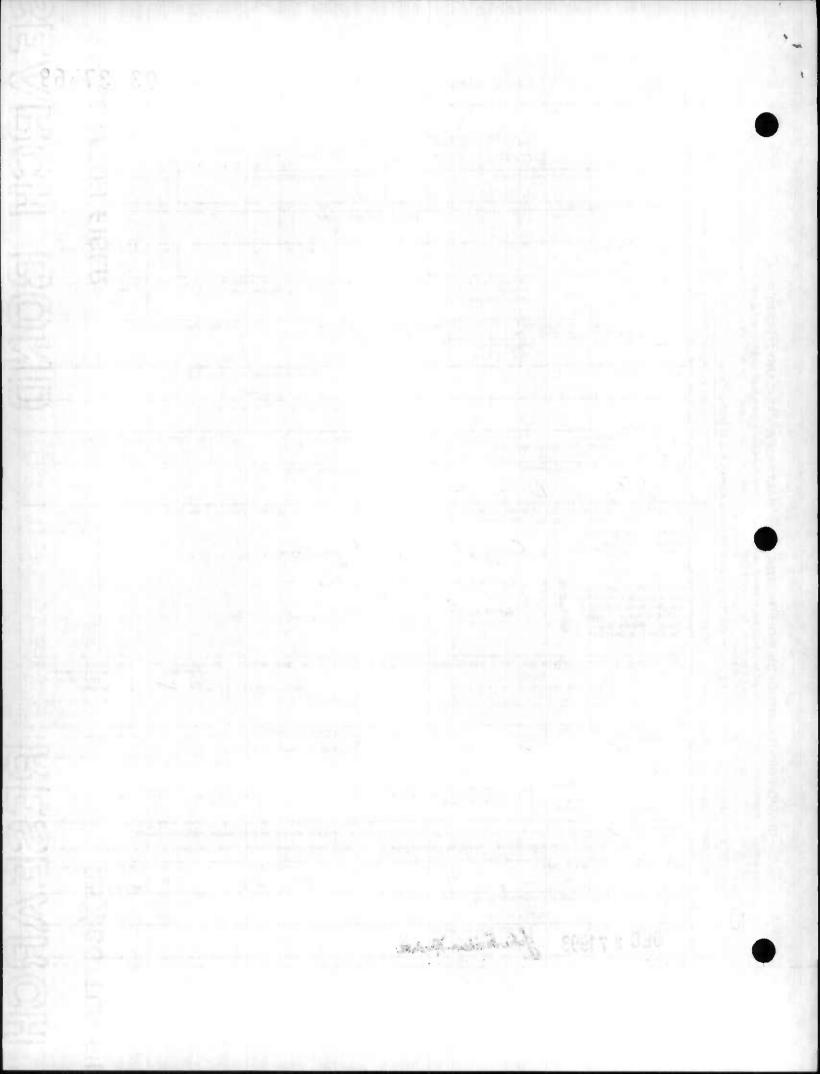
To an enter a co					2. DATE OF DEATH	DAY	3. TIME OF DE	ATH
BETTY N.	ICHOLSON				12 2		3 1:33	pm
212-24-6025	1 □ M 2 ☑ F 7	(In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber) Aug. 16,		BIRTHPLACE (State of Country)  Maryland	Foreig
9. FACILITY NAME (If not institution, give street Greater Baltimore RESIDENCE OF DECEDENT		ıter		TOWN OR LOCATION OF I		9c. COUNT	vof DEATH Lmore Coun	
	roll	10c. CIT	WO	odbine			10d. INSIDE C LIMITS? 1 YES 20	
7653 Woodbine				101. ZIP CODE 21797		1100	J.S.A.	?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 🔀 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	lf.	MS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 2 2 NO Spec	ean, Puerto Rican, etc.)	ns or No— 1	4. RACE — American Ir Black, White, atc. Specify: White	dien,
15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT un	work done de se retired.)	uring most of working	Montgon			n.
17. FATHER'S NAME (First, Middle, Last)  John Pickett				18. MOTHER'S N	AME (First, Middle, Meide Laudia Go	snell		ν.
190. INFORMANT'S NAME (Type/Print) Mr. Jerry Nichols	son			(Street and Number or Rura S Falls Roa			21797	
21. SIGNATURE OF FUNERAL SERVICE LICEN  22. PART I. Enter the diseases, pr con	M Janka	ing	22. N But 121	Cemetery AME AND ADDRESS OF F TRIET-Queen 12 W. Old L	Funeral I iberty Roa	irecto	field, MD	2
ahock, or heart fellure. Lie IMMEDIATE CAUSE (Final	DUE TO (OR AS A	ech line.			On as Caldiac Di 199	oratory arres	Interval Onset a	Batw
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Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	Dralete	CONSEQUENCE O	0	Liseum				
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	PF:	deriving cause given in	n Part I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 (2-NO	24b. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATH?  1  YES 2	PR TO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A Contributing to death b	CONSEQUENCE O	F):	28. PLACE OF DEATH (C	PERF( 1   YES	RMED?	AVAILABLE PRIC COMPLETION O OF DEATH?	PR TO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A contributing to death b	CONSEQUENCE O  CONSEQUENCE O  ut not resulting	OTHER: 4   Nursi	28. PLACE OF DEATH (Congress of the congress o	PERF( 1   YES	INJURY OCCU	AWAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	PR TO

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565 N. CHALLES

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



6 may be retained by the hospital or attending physician. actor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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31. DATE FILED (Month, Day,

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIENE REG. NO.	93	37470
	1. DECEDENT'S NAME (First, Middle, Las	" L. NO	0.0.0			2. DATE OF DEATH MONTH DAY	YEA YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-28-6075	5. SEX 6. AGE	(In yrs. leat birthday) 61 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Your) June 5, 19	C	IRTHPLACE (State or Foreign ountry)
TOR	90. FACILITY NAME (If not inelitation, government of Northwest Hosp RESIDENCE OF DECEDENT				llstown		Balti	OF DEATH
- DIRECTOR	Maryland B	altimore		TOWN OR LOCAT	lle			10d. INSIDE CITY LIMITS? 1 YES 2 RO
FUNERAL	739 Howard Road				21208		U.	S.A.
BY	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 — YES IF YES, GIVE WAR OR	2 NO	It yes, sp		HC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	1 1	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON sl of working	16b. KIND OF BUS		
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homen			Own	Home	
	17. FATHER'S NAME (First, Middle, Last)  Jacob Ge	write.			18. MOTHER'S NA	ME (First, Middle, Maiden S		
BE	19a. INFORMANT'S NAME (Type/Print)	rwig	19b, MAILING /	ADDRESS (Street a		Route Number, City or Town		<b>)</b>
유	John L. Norris					esville, Ma		
	20a. METHOD OF DISPOSITION 1	moval from State 20	D PLACE AND DATE OF	DISPOSITION /N/	me of		CATION - City of	or Town State
	21. SIGNATURE OF FUNERAL SERVICE	lacks M	00550	Sterl 736 E	ing Asht dmondsor	con Funeral Ave., Cat	Home,	
	23. PART i. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Veuty	CULAR	ot anter the mo	da of dying, suc	h aa cardiac or reapir	atory arreat,	Approximata interval Betwee Onset and Daar
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a AS	A CONSEQUENCE OF		MI,			
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	one contributing to death HYPOTHYR	but not resulting in	the underlying	g cause given in	Part I. 24a, WAS AN / PERFORI 1 UYES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (Ch	eck only one)		
YSIC	EXAMINER?	HOSPITAL:		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 ☐ Other (Specify)	- 1	
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF thujury (Month, Day, Year)	28b, TIME	RY WO	URY AT IRK?	28d. DESCRIBE HOW IN	HURY OCCURE	D
	3 Suicide a Could not b 4 Homicide detarmined	28a. PLACE OF INJUR building, stc. (Sp	RY — At home, farm, st ecify)	reet, tactory, offic		281. LOCATION (Street a: City or Town, State)	nd Number or Re	ural Route Number,
COMPLETED	one)	YSICIAN: To the best of my kno						use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	ier. In	HU	75	29c. LICENSE NUI	WBER 333	29d. DATE SIG	C. 21, 93
10	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	C, CAT	Print)	10211	33		

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	IN EMPTINE RATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after de	in The action INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	* med **********************************	MPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH Dec 22 1993 YEAR 3. TIME OF DEATH 4:15 pm PETERS **E**lizabeth 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XX 216-48-0282 81 December 10,1912 Maryland 9e, FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN Towson, Maryland Saint Joseph Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 YES 2 XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 501 Anneslie Road 21212 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YXX NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 ₩ Widowed 4 □ Divorced White COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) 4 Registered Nurse Hospital 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sume Henry Samuel Schoonmaker Josephine Marie Fox BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph I. Peters 217 Windridge Acres Court Sliver Spring, Maryland 20905 20s METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Rem
4 Donetion 6 Other (Specify) 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE New Cathedral 12/28 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MITCHEST - WIE CONTROL HOME Deny S Xenakis M00640 6500 York Road 652003 BaltoMd 21212 23. PART I. Entyr the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) 2 WEEKS CONGESTIVE HEART FAILURE DUE TO QUE TO (OR AS A CONSEQUENCE OF) b. MYOCARDIAL INFARCTION 1 1/2 months PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATN? 1 - YES 2 000

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 0 petient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26c, INJURY AT WORK?

1 YES 2 NO 26b. TIME OF INJURY 26e. DATE OF INJURY (Month, Day, Year) 28d. DEȘCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 26e. PLACE OF INJURY — At home, ferm, strest, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined

1 DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, -de feon, M.D. atividad **519508** 9 3

30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NATIVIDAD D. DE LEON. ST. JOSEPH HOSPITAL. 7620 YORK ROAD, TOWSON, MD 2120 31. DATE FILED (Month Day Year)

REGISTRAR'S SIGNATURE sear fortall DEC 271993

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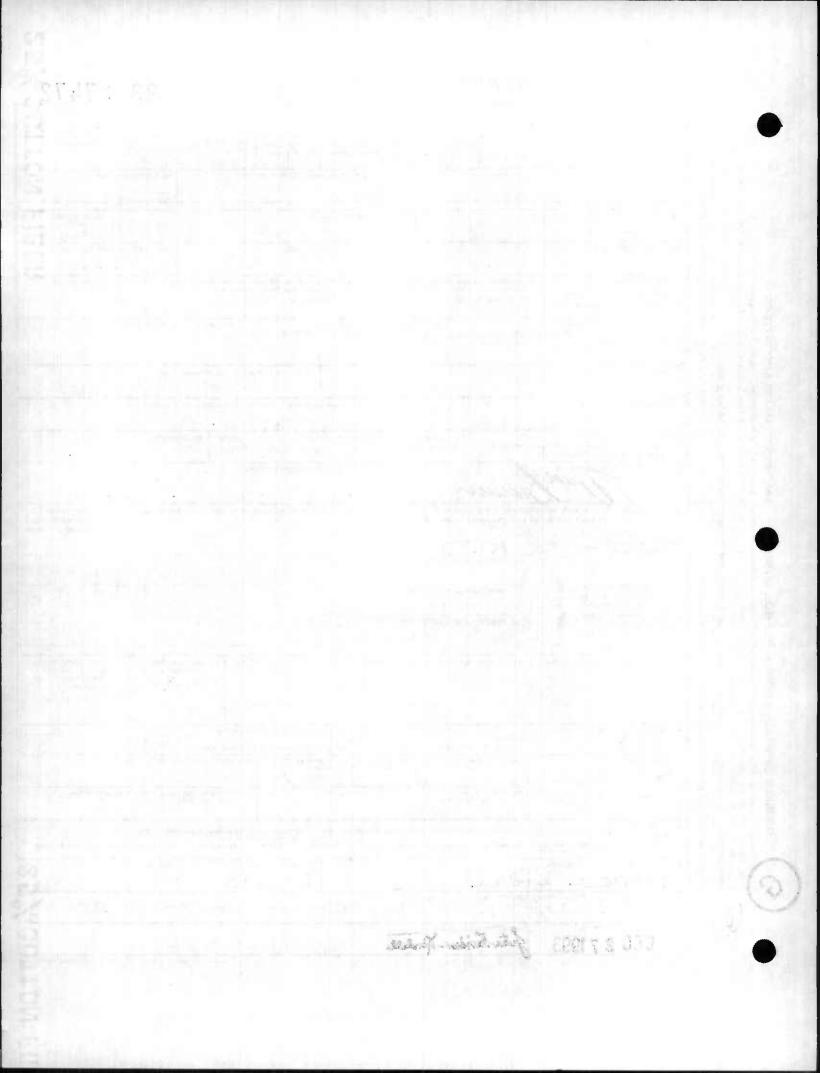
OF VITAL RECORDS, P.O. BOX 68760.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 22 DAY William Freeman Price 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 4-21-55 S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Baltimore, DAYS 1 🛛 M 2 🗌 F 218-62-3859 38 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland 1 YES 2 1 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 2444 Edmondson Ave. U.S.A. use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES QUYE WITH OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ó Elementary/Secondary (9-12) College (1-4 or 5+) Printer detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jonnie Mae Beverley William Giles BE funeral director, page 5 should notified 19s. INFORMANT'S NAME (Type/Print) 2 Balto. Maryland 2720 Fenwick Ave. Jonnie Mae Beverley pe 20a. METHOD OF DISPOSITION
1 № Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) must comolory, cregatory or other place! Forest Vet. 12-28 Owings Mill, Md. 22. NAME AND ADDRESS OF FACILITY William C. Brown Community 21. SIGNATURE OF FUNERAL SERVICE LICE HOLLIN 1206 W. North Ave. Balto. Md. 21217 and completely filled in by the o burial, cremation, or removal. medical 23. PART I LEMET the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death ANDS disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ö the atter PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by t Health and amy 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Nother (Specify) HOSPICE 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 14 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined .00 COMPLETED DIRECTOR: 4 Homicide 28 25s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE FUNERAL D THE FUNERAL D filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RfaulEneus rendall: D25643 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 31. DATE FILED (Month, Day, Year) 37 REGISTRAR'S SIGNATURE DEC 271993

**DHMH-16 Rev 1/89** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a new after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

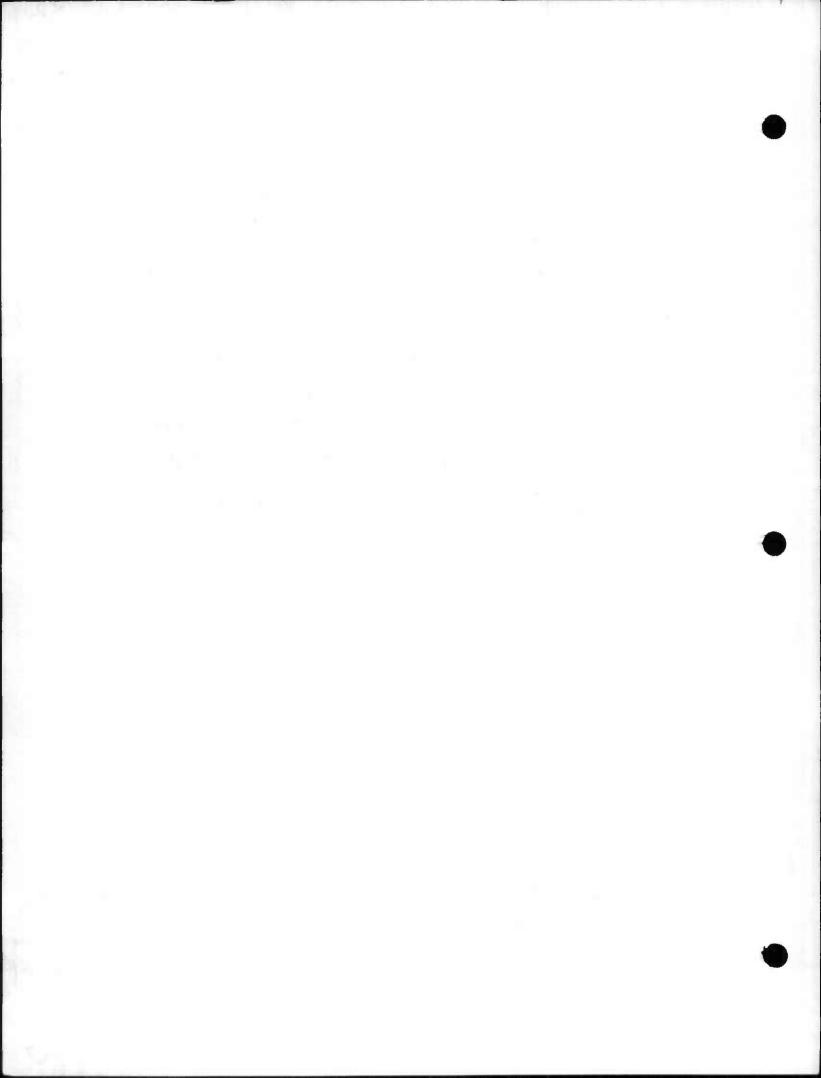
**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

· Steres

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
- 0	HERB	ERT	PAR	NELL						MONTH / 2	2	79	YEAR	0057 AN
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	st birthday)				24 HRS.	7. DATE OF E			8. BIRTH	IPLACE (State or Foreign
	082-14-	8746	1 ₩ 2 □ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da		8	ILL	INOIS
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		. 0		INTY OF D	EATH
DIRECTOR	HARBOR RESIDENCE OF DEC	HO:	SPITAL	CENT	ER		BA	CT/	Mo	RE			n/a	
H.	100. STATE MARYLAND	10b. COUNTY			10c. CI1	ry, TOWN								10d. INSIDE CITY
		11,	/a				BAL I	IMORE						LIMITS?
FUNERAL	3228 BARCL	AY STREE	T				101	2121					TED S	TATES
5	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. A	RMED	13.	WAS DEC	EHDEHT (	F HISPAN	IIC ORIGIN? (S	pecify Yes	or Ho-	14. RACE	- American Indian,
В	1 Hever Married 2 3 Wildowed 4 Divo		IF YES, GIVE V	MAR OR DATES	NO		If yes, sp	2 A HO	in, Mexica Specify	n, Puarto Ricar	i, atc.)			k, White, etc. //y: BLACK
	15. DEC (Specify only	EDENT'S EDUC	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON MC	20	16b. KIH	D OF BUS	INESS/IHI	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	n/a	se retired.)	ourng mo	SI OF WORK		n,	/a			
S S	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S HAI	ME (First, Middl	e, Maiden	Surname)		
BE C	n/a							n/a						
10	VALERIE JEN	(INS		15	3222	BARCL	S (Street a	TREET	or Rural F. BAL	TIMORE,	MARY	n, Stete, Zij _AND	212	218
	20a. METHOD OF DISPOSITION 1A Burlal 2 Cremation 5 Other	n 3 🗌 Remo	oval from State	20b. PLACE cemetery, co						DATE	BAL	CATION -	City or To	wn, Stata MARYLAND
	21. SIGHATURE OF FUHERAL		ENSEE	0	_011_0	_		ID ADDRE	SS OF FAC	CILITY				
	This	nett	tek.	Son	80					- 1101				
	23. PART I. Enter the di ehock, or he iMMEDIATE CAUSE (Fin disease or condition	si si	lat only one cau	ise on each line	в.								rest,	Approximata Interval Between Onset and Death
	resulting in dasth)	<b>→</b> .	DUE TO	JEMON JORAS A CONSE	UAR	4	EL	EN	1A					
z			DUE TO	RON	10	R	EN/	A r	F	1/LU	RE			
CERTIFICATION	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A COHSE	OUEHCE O	F):	_,0.	10						
2	cause. Enter UNDERLY! CAUSE (Disease or Inju			/05 14 1 22 1		_								
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):								
8			l								_			
	PART ii. Other significat	nt conditions	contributing to	death but not	reculting	In the ur	derlyln	cause (	given in	Part I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL		PNE	MONE	iA_							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä										_   ''	J 100 2			OF DEATH?
z I										_				
₹ I	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF D	EATH (Cha	ick only one)				
SIC	1 TYES 2 HO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		• 5 🗆 Ra	sidence	8 🗆 Other (Sp.	ec/fy)			
PHYSICIAN:	27. MAHHER OF DEATH		28a. DATE OF (Month, D		28b. TIN	-	28c. INJ			28d. DESCRIE		JURY OC	CURED	
B		Pending nvestigation				М		ES 2	НО					
COMPLETED		Could not be letermined	26a. PLACE O building,	F IHJURY — At he etc. (Specify)	ome, farm,	street, fact	ory, offici			281. LOCATION		nd Number	or Rural R	loute Number,
부	29a. CERTIFIER	FYING PHYSIC	CIAH: To the best of	my knowledge de	ath occur	ed at the t	me data	and place	and duc	to the property	and ===	Day an of 1	ad.	
MO														) and manner as stated.
- 11	29b. SIGNATURE AND TITLE							H	NSE HUM		,,			
H	Post	mile	a Call	e Mul				ave. LICE	MUN 3cm	DER	- 1			(Month, Day, Year)
유	30. HAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)						- /	< -	22-93
	OLGA		-57 KI - 137	1736			LA	5 A -		. /		,	2	3
ŀ	31. DATE TO (A) HINTON	43	A POST WILLIAM THE	N S SIGNATURE	_	F	TAR	-50	R	4055	(/A	_ (	EX	UTER
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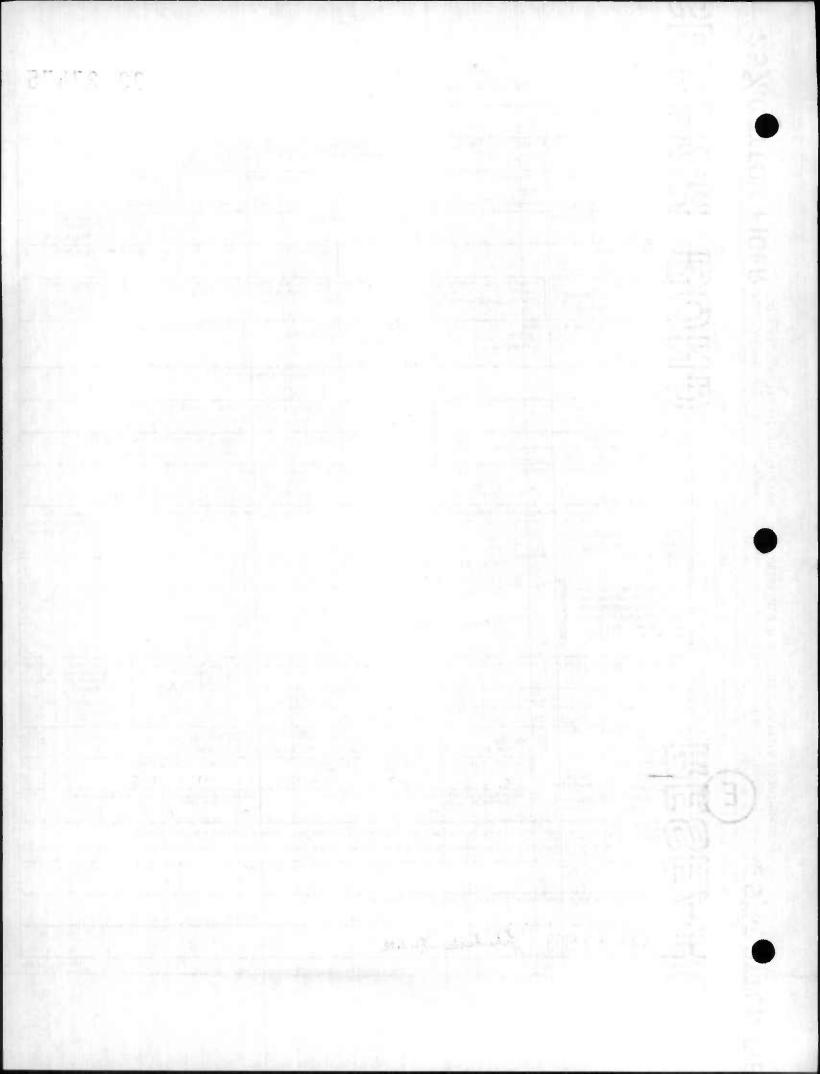


	Doreen 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. 38	last birthday)	Parke F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		cember E OF BIRTH		993 1:50am CaBarto M
	Sa. FACILITY NAME (If not institution, give			YAS.		OR LOCATION OF		)		Y OF DEATH
TOR	Maryland Gener	al Hospit	al		Balt	imore C	ity			
DIRECTOR	10e. STATE 10b. COUNT	ry		1	Y, TOWN OR LOCA					10d. INSIDE CIT
	Maryland 100. STREET AND NUMBER			] ва	lto Ci	Or. ZIP CODE 21217			10g. CITIZE	1 YES 2 THE OF WHAT COUNTRY?
BY FUNERAL	649 Smithson S  11. MARITAL STATUS  1 Nover Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2	ANMED	If yes, s	CENDENT OF HISP pecify Guban, Max 8 2 N NO Spe	Ican, Puert		s or No- 1	4. RACE — American Inc Black, White, etc. SpecBlack
LETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S (Give kind of ills. Do NOT us	usual occupation work done during in se retired.) Unempl	ost of working	1	6b. KIND OF BU	ISINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)  Roland Parke	er Sr			onempt.		MAME (F/R)	ne Jo	Sumame)	
TO BE	190. INFORMANT'S NAME (Type/Print) Madgaline Par	ker		196. MAILING	ADDRESS (Street N Mou	end Number or Rur nt St	Balt	mber, City or You O MD	21217	pde)
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLAC cemetery,	CE AND DATE	of disposition (A	Crema	tory	7 20c. LC	atons	ty or Jown State SVIIIE MD
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			Jame	S A MO	rtor	FH 1	701 I	Laurens S
	23. PART 1. Enter the diseases, or	complications the	t coused the	death. Do				ardlec or reep	elratory erree	it, Approxim
TIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ACQUII  B. DUE TO  C. List only one cau	t ceused the ise on each I	ine.  Tuned  SEQUENCE O	Deficier	ode of dying, a	uch ae ca	ardlec or resp	piratory erree	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL ON ATTEMBRE PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL CHRISTORY AND THE CARDINGTORE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 moderns.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR After the certificate has been signed by the attending physician and completely filled in by the filed within 72 has build centation, or removal, the filed within 72 has build, cremation, or removal,	IMPORTANT: if item 28% market, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	DSPITAL OR ATTENDED PH	INERAL DIRECTOR: After Inthin 72 hours	INT: H Item 284s meru
	TO THE H	TO THE FL	IMPORTA

	1 - STATE REGISTRAR		CEF	RTIF	CATE OF	DEATH		REG. NO	).		
	1. OECEOENT'S NAME (First, Middle, Last) Grace	Mary		D	APA		2. DATE	OF DEATH	AY YE	3. TIME OF OEAT	
8	4. SOCIAL SECURITY NUMBER 214-16-3493	5. SEX 1   M 2   X F	6. AGE (In yrs. lest bi		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	22 199 1909 I	10:10 BIRTINPLACE (State or Foi Country) MARYLAND	reign
OR	90. FACILITY NAME (If not institution, give FRANKL IN SQUARE	street end number)			9b. CITY, TOWN O	DR LOCATION OF D		1. 10,	9c. COUNTY		
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			inc City	TOWN OR LOCAL				Balt	10d. INSIDE CITY	
L DIMECTOR	MARYLAND				LTIMORE	. ZIP CODE			Y	1 X YES 2	
FUNERAL	4617 HARCOURT RO					21214			USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARME YES 2 VNO WAR OR DATES	D	If yes, sp	ENDENT OF NISPA ecity Cuban, Mexic 2 NO Speci	en, Puerto F			RACE — American India Black, White, etc. Specify: WHITE	in,
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5	17. FATHER'S NAME (First, Middle, Last)		BILI	1146	CLERK	18. MOTHER'S NA	ME (First, A		TAIL Sumeme)	-	_
4	DOMINIC  199. INFORMANT'S NAME (Type/Print)		VENEZIANO		ADDRESS (David	ROSE			N	MLTIA	
2	VINCENT A. PAPA					nd Number or Rural Y DRIVE				1234	
	20a. METHOD OF DISPOSITION 1  ☐ Burlel 2  ☐ Cremation 3  ☐ Ren 4  ☐ Donetion 8  ☐ Other (Specify)	novel from State		DDATEO	F DISPOSITION (No	ime of	DATE	20c. L0	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Mark T. Z	ZEUE Zavov	EMER CE	NO ADDRESS OF F	ACILITY	/ H3 E	BALTIMOR	KE, MD.	-
	· Marle T.	Zavyna	Hark 112	Lavoj	LEON	ARD J. R HARFORD	UCK .		IMORF	MD. 21214	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sever	e Multi O			:е				Interval Be Onset and	
CENTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	age Alzhe (OR AS A CONSEDUE	ENCE OF	):	ase					
2	PART II. Other algolificant condition	na contributing to	death but not rea	uiting i	n the underlyin	a cause alven in	Part i.	24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FII	NDIN
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2	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	OTHER:	e 5 🗆 Residence	11155				
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D DEC. 4	INJURY 20ay, Year)	186. TIME INJ	OF 28c. INJ		28d, DES	CRIBE NOW	G INTO C		
-	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building.	ofc. (Specify)  STREE		treet, fectory, offic		City	or Town, State	)	RD. BALTO. MD	
COMPLE	one)		my knowledge, death							use(s) end menner sa st	inted
IO DE C	30. NAME AND ADDRESS OF PERSON W	tur D	SE DF DEATH (ITEM 2	77) (Tvpe.	Print)	29c. LICENSE NU	MBER 37		29d. DATE SK	GNED (Month, Day, Year)	
	Bonita Portier. 31. DATE FILED (Mogifi, Day, Year) DEC 2 7 199	M.D.	9000 Fran	kli	Square	Drive	Balt	imore	MD 2	1237	



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E S	TO THE PLINE MET WE Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	IMPORTANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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7	1. DECEDENT'S NAME (First, DANIEL	, Middle, Last)	NOBLE		RO	CK			2. DATE	OF DEATH	1 199:	ZEAR 3.	8:55 am
	4. SOCIAL SECURITY NUMBER 193-12-9606	BER	5. SEX 1 X M 2 F	6. AGE (In yrs. le 72	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	1 1	6. BIRTHPLA Country)	ACE (State or Foreign
5	Saint Jose					9b. CITY		R LOCATION OF	DEATH		9c. COUNT	Baltin	TH .
DINECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		191		OR LOCAT	**************************************				10	d. INSIDE CITY
	Maryland				Bal	time		City					YES 2 NO
	2119 Clovill	le Ave	nue				101	21214			10g. CITIZI	U.S	A.
	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED	13.	WAS DEC If yes, spe 1 YES	ENDENT OF HISP Incline Cuben, Mexical 2 X NO Special	ANIC ORIOI can, Puarto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, W	American Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, Indian, India
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100		timore Cour		oundalk			1 YES 2
ERAL	7232 German H	idian Herit	tage Ns I	1m 10f. ZIP CODE 2 1 2 2	2	11/2/2019	EN OF WHAT COUNTRY
BY FUNERAL	11. MARITAL STATUS  12. Married 2 Married  2. Widowed 4 Divorced	12. WAS DECEDENT EVER I FONCES? 1 TYES IF YES, GIVE WAR OR D	2/2NQ	13. WAS DECEMBENT OF HIS If yes, specify Cuben, Me 1 VES 2 10 50	PANIC ORIGINT ( xican, Puerte Rici	Specify Yes or No	14. RACE — American in Black, White, etc.
8	16, DECEDENT'S ED	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	166. KI	ND OF BUSINESS/INDU	THY THE
E	(Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of seur	done digital most of working			nce Work
COMPL	12		q	Mard	(	Car Deals	ship
	IT. FATHER'S NÂME (FIRST, MISSIN, LAST)		0		NAME (First, Mid	de, Maiden Sumemej	
BE	Unk IDs. INFORMANT'S HAME (Type/Frint)		190. MAN INC. 11	unk ORESS (Street and Number or Au	end Obside the co	Charles and the same	
2	John Gattus			Ridgeshire			
	20s. METHOD OF DISPOSITION		b. PLACE AND DATE OF	SPOSITION/Name of	DATE	20e. LOCATION — CI	D-10000 - 150
	1 Durial 2 Commetton 3 Res 4 Sametton 5 Caper (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	Hereaton Street	metery, crematory or other	22. NAME AND ADDRESS OF			
CAL CERTIFICATION	JAMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A	A CONSEQUENCE OF:	and Day	ous l	A. WASI AN AUTOPSY PERFORMED?	24b. WERE AUTOPS) AMALABLE PRO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					□ YES 2/1/40	COMPLETION OF DEATHY
SICI	EXAMINERY 1 TYPE 2000	HOSPITAL:	patient 3 DOA 0	25. PLACE OF DEATH			
	27. MANNER OF DEATH	28s. DATE OF HUJURY (Month, Day, War)	28b. TIME 0	F 28c, INJURY AT	_	BE HOW INJURY OCCU	RED
BY	2 Accident S Pending Investigation	Martin Vertil (Unit)	INJUR	M 1 YES 2 NO			
000	3 Suicide 8 Could not be 4 Homicide determined	38e. PLACE OF INJURY building, etc. (Spec		et, factory, office	201. LOCATIO City or 3	DN (Street and Number of Sen, State)	Fillural Route Number
COMPLETED	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of my know	riedge, death occurred a	t the time, date and place, and o	Sue to the cause)	s) and maruser as stated	
8	2 MEDICAL EXAMIN	ER: On the basis of examination	n and/or investigation, i	n my opinion, death occured at I	the time, date and	place, and due to the	cause(s) and manner a
BE	296. SIGNATURE AND EIPLE OF CERTIFIE	In Com	111	20c. LICENSE I	OMBER //	7 28d. DATE I	SIGNED IMPOR DOS FOR
0	veo(	June	in out	D'A	1746	, 4 > 1	2/19/
	20. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OR	ATTO (ITEM 20) Those Pr	1) 1 0	111	10 01-	127
1	31. DATE FILED (Month, Day, Jose)	32. REGISTBARIS, BIUN	AZINGE I	undal	KI	10 2(	(7)
	DEC 2 7 1993	O The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	-				

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	nst birthday)	Reed	IF UNDER 24 HRS.	_	cember		199B	
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	Se. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF E			9c. COUNT	Y OF DEATN	
OR	Maryland Gener	ral Hospit	tal		Balt	imore Ci	Lty			na	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	пу		10c. CIT	Y, TOWN OR LOCA	TION				10d. I	NSIDE CI
DIR	Maryland	na			Ва	ltimor	е				JMITS? YES 2 [
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ED B	15. DECEDENT'S EC				USUAL OCCUPATI		168	. KIND OF BU	SINESS/INDU	STRY	_
ы	(Specify only highest gra	de completed)  College (1-4 or 5	A) III	le. Do NOT u							
COMPL				Truc	k Drive	er					
_	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First,	Middle, Meiden	Surname)		
BE C	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street	end Number or Rura	/ Route Num	ber, City or Tow	m, State, Zip C	Code)	
10	Bernard Carte	r		PO	Box 5	009, De	ptfc	ord, 1	NJ 0	8096	
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	4 X Domittion 5 Other (Specify)	I COMPANY	_								
	2) SIGNATURE OF FUNERAL SERVICE	Rona	ld Wad	le, D	Lr 22. NAME A	ND ADDRESS OF F	ACILIST	ate A	nato	my Bo	ard
4	Someone 11	Jacke				.Baltim					01
	23. PART I. Enter the diseases, o shock, or heart failure	r complications the s. List only one cau	it caused the duse on each lin	leath, Do i ie.	not enter the mo	ode of dying, su	ch aa can	diac or reep	iratory arre		Approxi Interval
	IMMEDIATE CAUSE (Final disease or condition	Seps	1s								Onset s
	resulting in death)	8	(OR AS A CONSI	EOUENCE O	<b>F</b> ):						
z		Panc	ytopeni	a							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EQUENCE O	F):						
10.4	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OR AS A CONSI	FOURNCE	<b>6</b> .						
Ē	that initiated events resulting in death) LAST	JUE 10	(SI NO A CONSI	LVUENCE U	. ,.						
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CEF	DART II ON	ons contributing to	geeth but not		in the underlyin	ig ceuse given li	n Part I.	24a. WAS AN PERFOI			AUTOPSY ABLE PRIC
4	PART II, Other significant condition		utrition	n				4 T MEG 4	NO X	OF DE	ATH?
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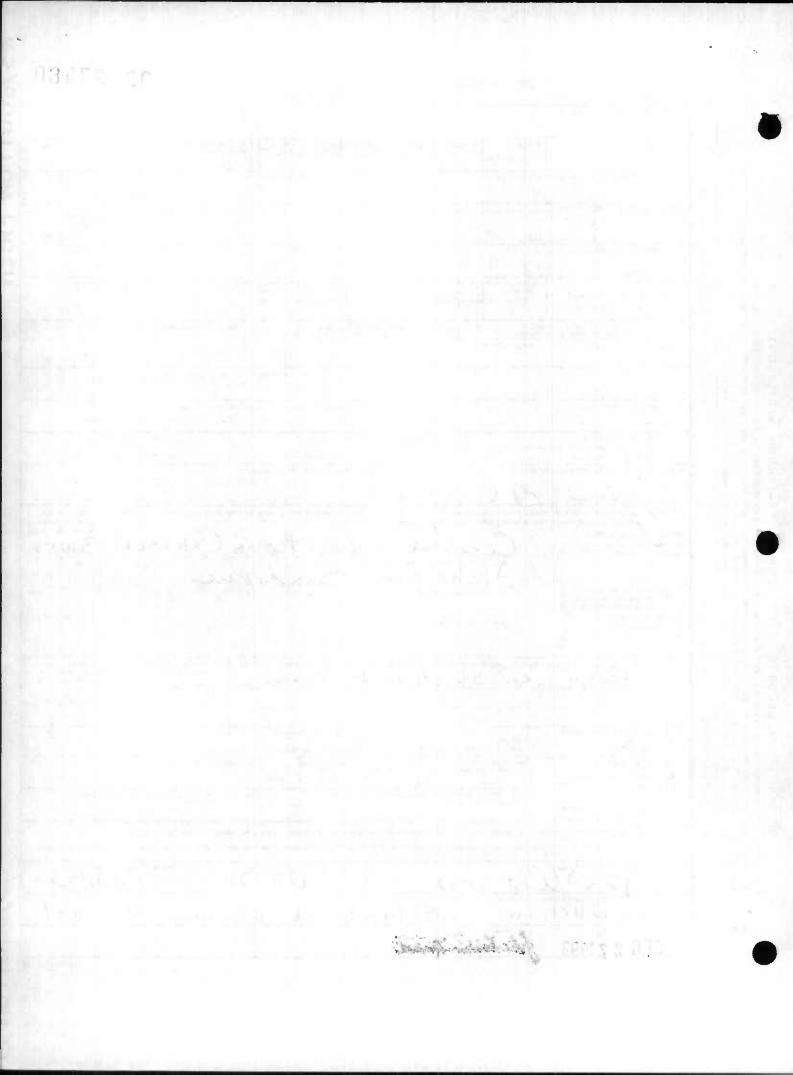
	MICHA	st, Middle, Les EL	JEROME	REEDER						2. DAT MON 12	TE OF DEATH	DAY 1	993	9:20	
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. I		IF UNDER 1 1	YEAR DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)	- 4	Cour		
	217-48-21		1 XM 2 F	39	YRS.	9b. CITY, T	may c				18	_	MZ INTY OF	ARYLA	ND
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ER.	3172	2 NEW	STREET					21	102			Ţ	J.S.	.A.	
BY FUNE	11. MARITAL STATUS  12. Never Merried 2 [  3 [ Widowed 4 [ Div		FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	NO NO	If y	/es, sp		n, Mexice	in, Puert	iiN? (Specify o Rican, stc.)	Yes or No-	Spe	CE — America ck, White, atc scily: VHITE	n Ind
CJ.		ECEDENT'S Et		16a. C	ECEDENT'S	USUAL OCC	UPATIC	N et of workin	~	10	66. KIND OF I	BUSINESS/IN		•11111	-
COMPLETED	Elementary/Secondary		College (1-4 or 8		le. Do NOT u	se retired.)		wordt		_	NT 7 T T	ONTE A TOTAL	TEN 7		*-
JWC	17. FATHER'S NAME (First,	Middle Lest)	04		DUFE	IVAT 2	OR	18 MOTI	IEBIG NA		MINV I.R.		TAT	SER	/ I
E CC		_	REEDER						ELM	0. 0		DULEY	7		
0	19a, INFORMANT'S NAME	(Type/Print)				ADDRESS (S		nd Number	or Rural I	Route Nu	mber, City or	Town, Statu, Zi	(p Code)		
5	THELMA R		EDER	F	ROUTE	6,B	OX	16,	BUC	KHA	NNON	,W.VI	RGI	INIA,	26
	21. SIGNATURE OF FUNES	lan	J.K	outon	rens			DND			K FU	MERAT	HO	MF 2	
	23. PART I. Enter the ahock, or	diseases, p	complications th	at caused the c	death. Do i	42	6 (	CRAI	N H	WY.	S.W.	GLEN	BUF	RNIE,	OXID
	23. PART I. Enter the ahock, or immediate Cause (F disease or condition resulting in death)	heart fallur	a. CIRR	ouse on each lin	0 F	142	6 (	CRAI	N H	WY.	S.W.	GLEN	BUF	RNIE,	oxir val
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BALTIMORE, MARYLAND 21215-0020	Abouts after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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4	6

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYG REG.		3 3 / 4 8
	1. DECEDENT'S NAME (First, Middle, Last)		\$.		2. DATE OF DEAT MONTH	DAY 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ELIZABETH  5. SEX 6. AGE (		RANKLE UNDER 1 YEAR   IF UNDER 24 HRS.	100	26 9	BIRTHPLACE (State or For
	213-28-2618	1 🗆 M 2 🗗 F		ITHE DAYS HOURS MIN.	7/25/6	nr)	Country) MD
	9e. FACILITY NAME (If not institution, give of	treet end number)		CITY, TOWN OR LOCATION OF			Y OF DEATN
10 R	STAGNES HOLL	Ø		BALTIMORG	, 46	BALT	THORE CIT
DIRECTOR	10a, STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
		LTO	CAT	onsville			LIMITS?
ERAL	100. STREET AND NUMBER	7		101. ZIP CODE	0		N OF WHAT COUNTRY?
FUNE	106 WYNISCR	12. WAS DECEDENT EVER IN	U.S. ARMED	2 / 5 5	ANIC ORIGIN? (Specif		I. RACE — American India
	1 Never Married 2 Married 3 Nover Married 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mexi 1 YES 2 NO Spe	icen, Puerto Ricen, etc		Block, White, etc.
ED BY		CATION T				1	White
ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	done during most of working	166. KIND OI	F BUSINESS/INDUS	STRY
- 1	10	College (I-4 or 5 +)	HOME	MAKER		OWN HON	VIF.
COMP	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S I	NAME (First, Middle, Me		
BE	CHARLES O.  19s. INFORMANT'S NAME (Type/Print)	ROSENST		MARYCLA			
2				ORESS (Street and Number or Run			E MARYLAND
	ETITABETH DTGGS () 20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF D	EASANT VALLEY ISPOSITION (Name of		TONSVIII	
	4 Donation 5 □ Other (Specify)		ODLAWN CF		-93 W	OODT.AWN	MARYT AND
	21. SIGNATURE OF FUNERAL SERVICE LI			22, NAME AND ADDRESS OF	FACILITY		
	Lussees	right		LEROY M. & R			
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO GOR AS A	CONSEQUENCE OF):	TINFOR	etien Erocir		
MEDICAL CE	PART II. Other significant condition  Diverties		ut not resulting in t	ne underlying cause given	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
N.							70,120,20
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26. PLACE OF DEATH (	Check only one)		
IXSI	1 YES 2 DINO	1 hpetient 2 ER/Outp	atlent 3 DOA 4	Nursing Nome 5 Residenc			
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	BC, INJURY AT WORK?  M 1 YES 2 NO	28d, DESCRIBE H	OW INJURY OCCU	RED
D BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY	— At home, farm, stree		26t, LOCATION (S	reet and Number or	Rural Route Number,
ш	4 Homicide determined	building, etc. (Spec	ary)		City or Town, S	State)	
COMPLET	anni			the time, dete end place, and d			
8	29b. SIGNATURE AND TITLE OF CERTIFIE		n and/or investigation, ii	my opinion, death occured at t			
BE	LAG CALCO	ma		29c. LICENSE N	UMBER		HONED (Month, Day, Year)
유	7 - 47		ATN (ITEM 27) (Type, Prin	100 1	196	1 1	7-1/43
	Bobz & Herry	- 1311 Far	AN CICH	Va - ADITA	. Mh 4	21225	
T.	30. NAME AND ADDRESS OF PERSON WAS  SOLD C HELP (MONTH, Day, Year)  DEC 2 71002	17.15	PN CIS 17	We -DAIT	, 40 5		

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18479 90 Saut-Lin-Sin. SATTING.

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ht the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING OF ATTRICATE PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNCAL IMPORTED THE THE COMPLETE BEEN SIGNED BY the attending physician and completely filled in by the I be flied with the completely filled in by the I selected with the completely filled in by the I sense.	IMPORTANT. Then 21 A marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (Fin	st, Middle, Last)	Mari		iegel			DEAT			OF DEATH			3. TIME OF DEATH
ST LEE	صممن	1 Danie		Sei	set!	_			MONT		DAY 3	YEAR QZ	12:45 A.
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.	lest birthday)	-	R 1 YEAR	IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
1289-26-	3692	1 🗆 M 2 🖫 🗲	8	YRS.	MONTHS	DAYS	HOURS	MIN.	4	7. Day, Year)	4	Countr	OHIO
BO. FACILITY NAME (If not HOW PYZD C	アナスノク	etreet and number)	te Hos	ATAL			OR LOCATIO	N OF DE				INTY OF D	
RESIDENCE OF DE	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
MARYLAND	1	HOWARD				LUMB							LIMITS?
100. STREET AND NUMBER		IOMIG					. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
5013 DURHA	AM COL	JRT					2	1044				U.S	.A.
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dis	_	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. I YES 2 MAR OR DATES	ARMED NO	13.	If yes, sp	CENDENT OF	n, Mexica	n, Puerto	i? (Specify Rican, etc.)	Yee or No-	14. RACE Black Speci	- American Indian, t, White, atc.
15. DE	CEDENT'S EDU	ICATION	16a.	DECEDENT	S USUAL C	OCCUPATION	ON		168	KIND OF I	USINESS/IN	DUSTRY	MULTE
(Specify of Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT I	f work done use retired.)	during mo	ost of worldny	g					
		4		T	EACH	ER				HIG	H SCH	HOOL	
17. FATHER'S NAME (First,	Middle, Last)						16. MOTH	ER'S NA	ME (First,	Middle, Maid	len Sumeme)		
ALLEN N		RS					AN	NA	BERG	ER			
190. INFORMANT'S NAME											lown, State, Zi		
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20e. METHOD OF DISPOSE 15 Buriel 2 Cremet 4 Donation 5 Other	lon 3 - Rem er (Specify)			CEAND DATE CRAMATORY OF VIEW				8/93	B	1	LION,		
21. SIGNATURE OF FUNER	AL DERMICE LE	OPWDER											
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10e. STATE	10b. COUN	TY		10c. CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY
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10e. STREET AND	NUMBER				101	. ZIP CODE		1	og. CITIZEN OF	WHAT COUNTRY?
6111 Ch	nanceford	Road				21228		186	USA	
11. MARITAL STAT  1 Never Merrie  3 Wildowed		12. WAS DECEDENT FORCES? 1	X YES 2 1	RMED NO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Mexica 2 NO Specifi	in, Puerto Rica	pecify Yee or n, atc.)	Blo	CE — American India ck, White, etc. City: White
0	15. DECEDENT'S ED Specify only highest grad	UCATION	16a. DE	CEDENT'S	USUAL OCCUPATION	ON .	16b. KIN	D OF BUSIN	ESS/INDUSTRY	
Elementary/Sec 12th		College (1-4 or 5+)		lesma	rork done during mo e retired.)	st or working	Ad	vertis	seing	
	IE (First, Middle, Last)					18. MOTNER'S NA		le, Meiden Sur	mame)	
Joseph						Mary P	ollock			
	S NAME (Type/Print)					and Number or Rural	40-18	,		
Ida E.	Smith		6	111 0	Chancefo	rd Road,	Caton	sville	e, Mary	land 212
	DISPOSITION Cremetion 3 - Re 5 - Other (Specify)	moval from State	cernetery, cre Green	AND DATE O	per place) t Cemete	Crematery 1	Orbate 2724		imore,	own, State Maryland
21. SIGNATURE DI	F FUNERAL SERVICE L	b m	She	1	David	J. Webe	r Fune			e, Md. 2
23. PARTY, Ent aho IMMEDIATE CA	ock, or heart fallere USE (Finel	complications that a List only one cous	e on each line	l	CA	de of dying, suc				Approxima Interval Be Onset end
disease or con resulting in de		DUE TO (								
disease or con resulting in de- Sequentially lie If any, leading	ath)  at conditions, to immediate	ь	DR AS A CONSE	QUENCE OF	7):					
disease or con resulting in dea	at conditions, to immediate NDERLYING se or injury vents	b DUE TO (1								
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated eresulting in darks	at conditions, to immediate NDERLYING se or injury vents ath) LAST	b	DR AS A CONSEC	QUENCE OF	7):	g cause given in	Part I. 24	a. WAS AN AU PERFORME		b. WERE AUTOPSY FR
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated eresulting in darks	at conditions, to immediate NDERLYING se or injury vents ath) LAST	b	DR AS A CONSEC	QUENCE OF	7):	g cause given in			:D?	
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated erresulting in dail PART II. Other	at conditions, to immediate NDERLYING se or injury vents ath) LAST	bDUE TO (i	DR AS A CONSEC	QUENCE OF	in the underlyin	g cause given in	1	PERFORME	:D?	AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?
Sequentially list if any, leading cause. Enter U CAUSE (Diseas that initiated erresulting in date.)  PART II. Other	eth)  at conditions, to immediate NDERLYING to or injury vents ath) LAST  eignificant conditions to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	b	DR AS A CONSE	QUENCE OF	n the underlyin	ACE OF DEATN (Ch	1 (	PERFORME	:D?	AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated erresulting in dail  PART II. Other  25. WAS CASE REI EXAMINER?  1  YES 2 2  27. MANNER OF D  1  Netural	eth)  at conditions, to immediate NDERLYING so or injury vents ath) LAST  eignificant conditions to medical solutions are solutions at the solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions at the solutions are solutions at the solutions are solutions at the solutions are solutions at the solutions at the solutions at the solutions are solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solutions at the solution	b	DR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	QUENCE OF	26. PI OTHER: 4   Nursing Hon E OF	ACE OF DEATN (Ch	eck only one)  8  Other (Sp	PERFORME YES 2   Decily)	:D?	AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated erresulting in dail.  PART II. Other  25. WAS CASE REI EXAMINER?  1  YES 2 (27. 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A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	QUENCE OF	26. PI OTHER: 4   Nursing Hon E OF	ACE OF DEATN (Ch to 5   Residence URY AT RK7 YES 2   ND	eck only one)  6 Other (Sc 28d. DESCRI	PERFORME YES 2	NO	AMALABLE PRIOR COMPLETION OF C OF DEATH?

1 CERTIFYING PHYSICIAN: To the best of my know ion, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner es stated. 29c. LICENSE NUMBER 037913 29d. DATE SIGNED (Month, Day, Year)

12/23/93 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTE Md 21229 Jaurs SA/AS
31. DATE FILED (MONTH), Dev. Year)
DEC 2 71993 SALAS AVE

23470 Oct

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175 MG

		and director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		Pages
		permit.
020	n. Page 6 may be retained by the hospital or attending physician.	burial-transit
TIMORE, MARYLAND 21215-0020	thending	e as the
212	al or a	for us
AND	he hospit	Jetached
7	3	2
MAR	retained	5 should
E,	y De	age
MOR	ре 6 та	irector, p
E	P.	p jeu

BALTIMORE, MARYLAN	nours after death. Page 6 may be retained by the ho	ed in by the funeral director, page 5 should be detact or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SHTML OR ATTENDED THE SIGNAY. The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the ho	NATE OF CITIES AND THE STATE THE STATE DOES SENDED BY THE AUTHORISING THE COMPLETE WHITE IN THE FUNE DIRECTOR, page 5 should be detact
7	SPINE OR	)

	1 - STATE REGISTRAR	STATE OF MARYI	CERTIFIC	ATE OF DEA		ITAL HYGIEI REG. NO	- mail	3 37484
	1. DECEDENT'S NAME (First, Middle, Leet)	Schwartz	J. SCHWAI	RTZ Jr.			G 19	S. S. SO
	4. SOCIAL SECURITY NUMBER  213 03 3126  90. FACILITY NAME (If not inetitation, give	1 M 2 □ F 81	YRS.	F UNDER 1 YEAR IF UND ONTHS DAYS HOURS	MIN,	MORTH, Day, Year)	1912	BIRTHPLACE (State or Foreign Country)  Maryland
CTOR	Francis Scott			Baltimore		Md.	9c. COUNTY	OF DEATH
DIRECTOR		ltimore		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?  1 YES 22 NO
FUNERAL	5 Brett Court			101. ZIP CO	21221		υ	OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT If yea, specify Cu 1 YES 2 1	ben, Mexicen, Pu		ne or No— 14	. RACE — American Indian, Black, White, etc. SpecifyWhite
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of wor	king	16b. KIND OF BO		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Machini		OTNER'S NAME (F	irst, Middle, Maide	& Bra	ss co.
TO BE	John J. Schwartz  190. INFORMANT'S NAME (Type/Print)  Myrtle Schwartz	Sr. Wife		DORESS (Street and Numb			wn, State, Zip Co	
	20e. METHOD OF DISPOSITION 1   Burlat   Cremetion 3   Rer 4   Donation 3   Other Specify	20	b. PLACE AND DATE OF metery, crematory or othe	DISPOSITION (Nama of	Apr. J	DATE 20c. L	OCATION - City	or Town, State
1	SIGNATURE OF PUNERAL SERVICE		LIBOR FIGURE	22. NAME AND ADDR	nskt F	neral I	iome PA	
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failured in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	a.  DUE TO (OR AS  C.	each lina.					Interval Between Onset and Death
MEDICAL	PART II. Other algorificant condition  The went on  Far kinso		but not resulting in	the underlying cause	given in Part	nene/	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		26. PLACE OF	DEATH (Check of	10		
ву РНУ	27. MANNER OF OEATN  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	DF 28c. INJURY AT WORK?  M 1 YES 2		. DESCRIBE HOW	INJURY OCCUP	RED
	3 Suicide B Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, stre acify)	et, factory, office	281	LOCATION (Stree City or Town, Stell	end Number or	Rural Route Number,
COMPLETED		BICIAN: To the best of my know IER: On the basis of examination						euse(e) end manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Rivhi	M.D	. 9	4021		29d, DATE S	1GNED (Month, Day, Year)
	30. NAME AND ACCRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH SITEM 27 (Time D	rint)			ī	
۴	PAUL RI	VKIN	No.	nces Sc	oft K	ey		7

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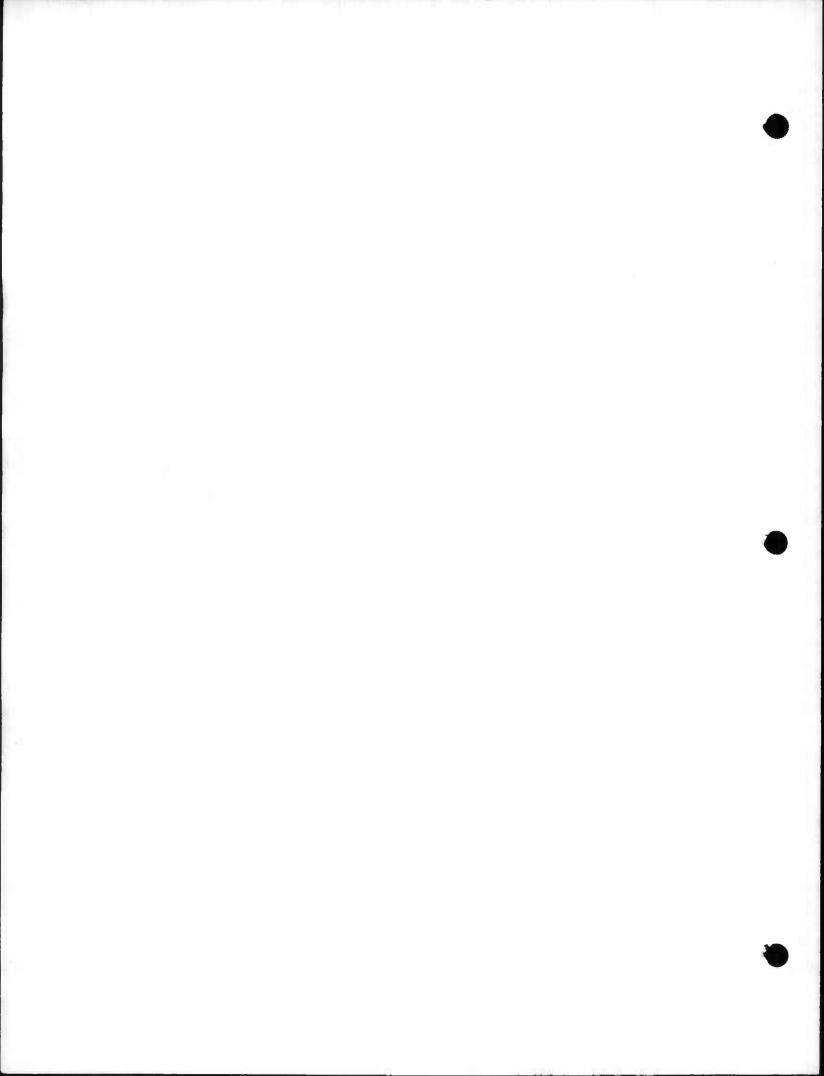
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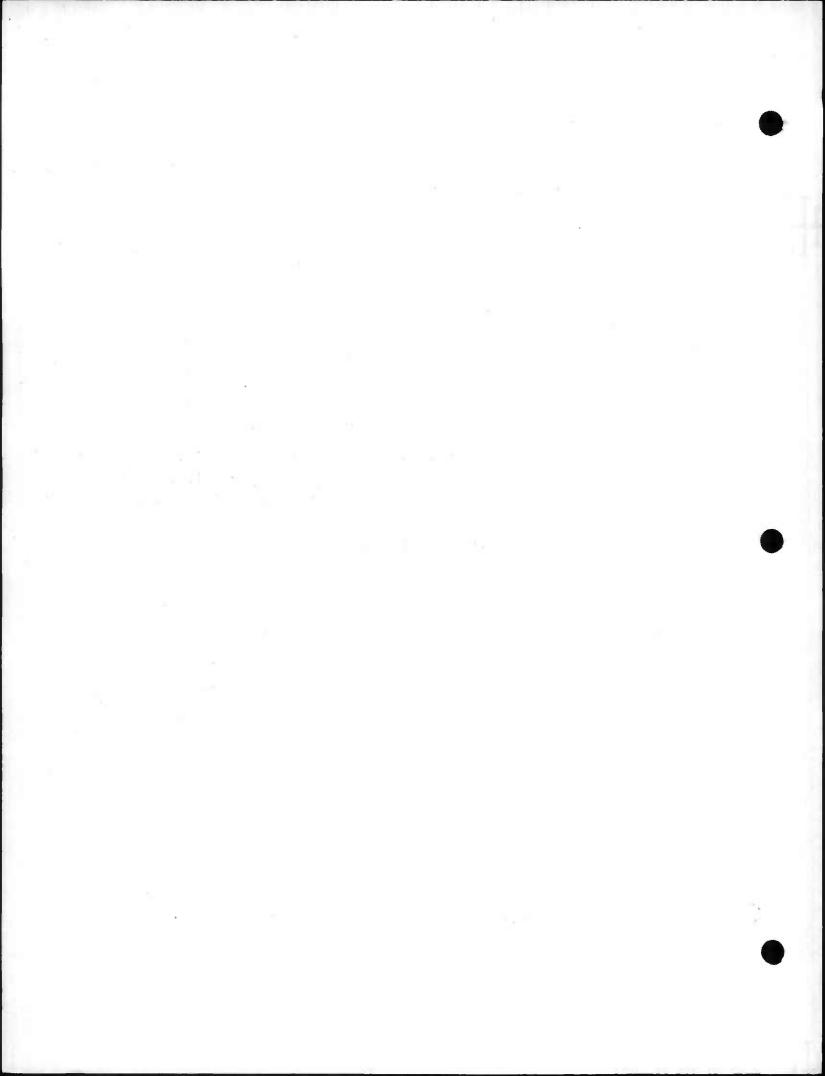
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OI	F DEATH	REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	YEAR 3	. TIME OF DEA	ATH
	PATTIE  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IVERS		DECEMBE		993	8:55	Ам
	243- 03- 2690	1 🗆 M 2 🔀 F	(In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day, 08-13-	16	N. CAR	ACE (State of F	Foreign
œ	90. FACILITY NAME (If not institution, give a			111	OR LOCATION OF E	DEATH	9c. COUN	TY OF DEA	TH	
CTO	THE JOHNS HOPKIN			BALTIM	ORE CITY			n/a		
DIRECTOR	106. STATE 106. COUNT MARYLAND	n/a	10c. CIT	BALTIMOR				10	Od. INSIDE CIT	Y NO
FUNERAL	1016 E. NORTH AVENU	E		1	Of. ZIP CODE 21202			ED STA	AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 (X)(10	If yee, s	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	en, Puerto Rican, e	olfy Yes or No—	14. RACE	- American Ind White, etc. BLACK	llen,
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of t	vork done during a	TION nost of working	16b. KIND	OF BUSINESS/IND	USTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	n/a	se retired.)		n/ā	l			
BE CO	17. FATHER'S NAME (First, Middle, Lost) DAVID H. SHIVERS					AME (First, Middle, I	Melden Surname)			
5	190. INFORMANT'S NAME (Type/Print) SUSIE SCRUGGS		19b. MAILING 1016	ADDRESS (Street E. NORTH	AVENUE, BA	ALTIMORE,	or Town, State, Zip MARYLAND	^{Code)} 21202		
	20s. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 200	BALTTMORE	PER CEMETER	Vame of Y	OATE 2	BALTIMORE			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Zone		AND ADDRESS OF FA					
	23. PART-I. Enter the diseases, or about a book as point fellows	complications that cause	d the deeth. Do n	ot enter the m	ode of dylna, sur	ch as cerdiac or	respiratory emi	not .	Approxim	nete
	IMMEDIATE CAUSE (Final	a. CPPB  DUE TO (OR AS	ech line.					0	Interval B Onset an	Between
ATION	Sequentielly list conditions, if any, leading to immediate	b	A CONSEQUENCE OF			140	monh	450		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	ŋ:						
	PART II. Other significant condition	s contributing to death t	out not resulting i	n the underlyis	na cause alven in	Part I 24e V	AS AN AUTOPSY	245 W	EDE AUTOBON I	rmionios.
MEDICAL				in the underlying	ng cause given in	P	ERFORMED?	CC DF	ERE AUTOPSY F MILABLE PRIOR OMPLETION DF F DEATH?	CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20.0	PLACE OF OEATH (C/					
SIC	EXAMINER?  1 YES 2 SIND	HOSPITAL:	petient 3 DOA	OTHER:	me 5 Residence		M)			
	27. MANNER OF OEATH  1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 28c. IN	JURY AT ORK?		HOW INJURY OCC	UREO		
red BY	Accident investigation  3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLET	290. CERTIFIER (Check only	CIAN: To the best of my know	riedge, death occurre	d at the time, dat	e end place, end due	to the cause(e) e	nd manner ee state	d.		
COMP		R: On the basis of examination							nd manner ee r	stated.
BE	206. SIGNATURE AND TITLE OF CENTIFIES	Ho.	468 5	4co F1-	20c. LICENSE NU		29d. DATE	SIGNED (M	onth, Day, Ypar)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type		No	ne	/	2/2	-4/9	3
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	THE HOSPITAL OR ATTENDING PHYSIAM, The law requires that the death certificate be executed within 24 hours as	TO THE FUNERAL DIRECTION AND THE COMPLET HER SEEN SIGNED BY THE Attending physician and completely filled in by the filed within 72 hours — Completely filled in by remine fried within 72 hours — Completely filled in by remine fried within 72 hours.
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	1. DECEDENT'S NAME (First, Middle, Last	et)		TE OF DEATH		i. NO.	3 3748
1	JOHN SOROK	· ·			2. DATE OF DE	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		NOER 1 YEAR IF UNDER 24	44.4 44.49 1	20	93 09:04  BIRTHPLACE (State or Foreign Country)
	158-22-8104		62 YRS. MONT		May 4,	1931	New Jersey
Œ	9a. FACILITY NAME (If not institution, give ANDREWS AIRF	· ·		CITY, TOWN OR LOCATION	OF DEATH		TY OF DEATH
6	RESIDENCE OF DECEDENT					<u> </u>	NCE GEORGE
DIRECTOR	N. J. Midd			wn or Location ataway			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	12000	1 1300	10t. ZIP CODE		10g. CITIZI	1 TYES 2 THO
FUNERAL	19 Dickerson D	r.		08902		U	SA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYVES IF YES, GIVE WAR OR DA	2 NO ATES		HISPANIC ORIGIN? (Spec Maxican, Puerto Rican, e Specify:		4. RACE — American Indian, Black, White, alc. Specify: White
윤	15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a. DECEDENT'S USUA	AL OCCUPATION lone during most of working	16b. KIND	OF BUSINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin	ed.)			56 New Bruns
OMI	17. FATHER'S NAME (First, Middle, Last)		Preside		Labor R'S NAME (First, Middle, I		rnational
BE C	John Soroka,	Sr.			e Kabay	,	
TO BE	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or			Code)
	Eva Zereconsk			erson Dr., l			08902
	1 Donation 5 Other (Specify)	moval from State 206.	PLACE AND DATE OF DIS netery, cremetory or other planers et Hill	ls Cremator	1	0c. LOCATION — CI	
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	mersec mri	22. NAME AND ADDRESS	OF FACILITY		Ridge, N. J.
	1 / Jan	L. Koul	men	Gary L. Kau 5695 Main S			
Z	resulting in death)	SUE TO TOP AS A	CONSEQUENCE OF:				
RTIFIC	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A  DUE TO (OR AS A	CONSEQUENCE OF):				
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OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 r	THE TIPE AFTER THIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director	cremati
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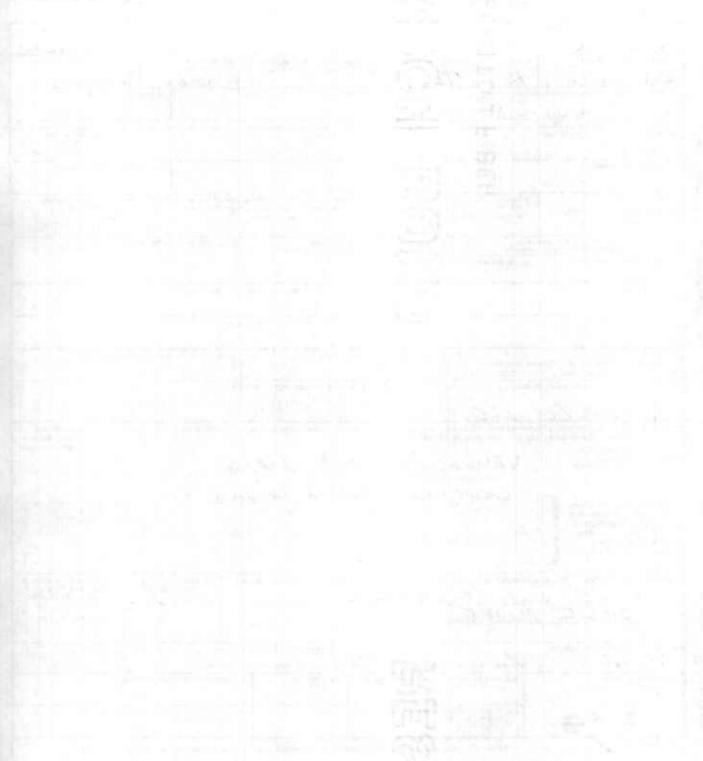
31. DATE FILED (MONTH, Day, Year)
DEC 27 1993

	1. OECEOENT'S NAME (First, Middle, Las Victoria D	oris Smitt	`		44 (2)	AY O	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-66-6501		yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2-9-55		L BIRTHPLACE (State or Foreign Country)
стоя	90. FACILITY NAME (If not institution, give the property Market of DECEDENT	edical Cent		CITY, TOWN OR LOCATION OF Baltymo	DEATH	9c. COUNT	Balto. Md TY OF DEATH Caltiva ore
DIRECTOR	MD 10e. STATE 10b. COUR	ITY		timore			10d. INSIDE CITY LIMITS?  1 YES 2 NO
VERAL	100. STREET AND NUMBER 5112 Arbutus	Ave.		10f. ZIP CODE	21215	10g. CITIZE	EN OF WHAT COUNTRY?
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SE COMPL	17. FATHER'S NAME (First, Middle, Last)  James D. Smi	th			thy J. Da		
TO B	190. INFORMANT'S NAME (Type/Print)  Dorothy Davi:	3	3500 1	Howard Pk A	N Aoute Number, City or Tow Ve. Balto	vn, State, Zip C	21207
	20e. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Re  4 Denation 5 Other (Specify)		LACE AND DATE OF DI lery, crematory or other				ty or Town, State
		moval from State camel	PLACE AND DATE OF DI lery, crematory or other DCLAWN	emetery 1  22. NAME AND ADDRESS OF 4600 LIBER	2/27/93 Try HGHTS	Wood1:	BALTO. Md
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WERE AUTOPSY FINDING AMARIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
HYSICIAN: MEDICAL CERTIFI	1 Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, pr heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IN NO 27. MANNER OF DEATH	DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. 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Street Baltimore MT2120

Contract of Children and Children and Children 

		1. DECEDENT'S NAME (First, Middle, Leat)	8 AILTIE	ex-		STRA	ATER	2. DATE OF DEATH MONTH	12-16	93	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last t	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		Country)	
pinods		Sa. FACILITY NAME (If not institution, give		_	YRS.	ITY TOWN	OR LOCATION OF D		2 ( )	NTY OF DE	koun
. 6,	СТОВ	Bon Sacon RESIDENCE OF DECEDENT		) la	\		imore	-AIN	92.000	n	
Pages 1.	REC	10a. STATE 10b. COUN	TY 3		toc. CITY, TOW	N OR LOCA	TION				10d. INSIDE CITY
	0	Maryland	na				Baltimo	re	0.0		1 YES 2 NO
it permit.	ERAL	10a. STREET AND NUMBER	1	(FF		10	H. ZIP COOE		10g. CIT	IZEN OF WH	HAT COUNTRY?
5-0020 nding physician. s the burial-transit	BY FUNE	Lincoln CORVA  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMI		If yes, s		NIC ORIGIN? (Specify in, Puerto Ricen, etc.)		14. RACE Black, Specify	- American Indian, White, etc.
6 10	0	15. OECEOENT'S ED	UCATION		EDENT'S USUAL			16b. KIND OF	BUSINESS/INC	DUSTRY	
for u	<b>5</b>	(Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work do NOT use retire	ne during m d.)	ost of working				
at on	E COMPL	17. FATNER'S NAME (First, Middle, Leat)					16. MOTNER'S NA	ME (First, Middle, Mail	den Sumame)		111-41
(I) as	TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
pag a		20a. METHOD OF DISPOSITION  1 □ Burial 2 □ Cremation 3 □ Red  4 □ Donation 5 □ Other (Specify) 11	novel from State	emetery, cremi	ID DATE OF DISF		lame of	DATE 20c.	LOCATION	City or Tow	n, Stata
		21, SIGNATURE OF FUNERAL SERVICE L			,Dir	2. NAME A	ND ADDRESS OF FA	CILITY State	e Ana	tomy	Board
BALTIN BALTIN rs after death. Pag to the funeral dir removal.	1	andres 11	1 holes			655	W.Balti	moreSt,	Balto	,MD2	1201
be executed within from cian and completely filled life to burial, cremation, or raumatic event, the me	CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Venus on our course on our to (on As	a consecutive	PENCE OF):	ea-	y cord	iz.			interval Batween Onset and Daeth
1 4 8 5 P	ME	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS	A CONSEQU	VENCE OF):						
the death y the attent of Mental H	L CE	PART II. Other significent condition	ne contributing to death	but not rea	aulting in the	underlyir	ng ceuse given in	Part I. 24s. WAS	AN AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
and and and	MEDICAL				onia			PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
F 0 6 6			77 0 000000								1 TES 2 NO
VIIAL: The law rifficate has b re State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPÍTAL:		ОТН		LACE OF DEATH (C)	eck only one)			
> 4 5 0 bl	IXSI	1 VES 2 NO	1 Dinpatient 2 ER/Ou		DOA 4 🗆	Nursing Ho		8 C Other (Specify)			
高いまる	у РНУ	1 Natural 5 Pending	(Month, Day, Year)		28b. TIME OF INJURY M	W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NO	W INJURY OC	CURED	
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DIVISI PITAL DR ATTEN ERAL DIRECTOR: in 72 hours after IT: If Item 28 is	COMPLE	onel	SICIAN: To the best of my kno								and manner as stated.
TO THE HOSPITAL TO THE FUNERAL I Be filed within 72 h IMPORTANT; II I	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	TSWOW				DZ62	56	D /	2/16	Month, Day, Year)
	Ĭ	BICH DUDNG	NO COMPLETED CAUSE OF C	DEATH (ITEM	27) (Type, Print)	tim	ru de	Balts 1	40 2	122	3
		DEC 2 7 1993	32. REGISTRAR'S SIG	NATURE	ž.						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 laws after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION JOHN E. BROWN, LT, 31. DATE FILED (Month, Day, Year) DEC 27 1993 MC, USNR . REGISTRAR'S SIGNATURE

FOR 1 . STATE	STATE OF N	MARYLAND	/ DEPAR	RTMEN	T OF H	EALTH	AND I	MENTA	L HYGIEI	ΙE		
REGISTRAR			ERTIF						REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH p
	LIN DELA								EC 14		1000	6:30
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTH	PLACE (State or Foreign
242-62-7080	1 🔀 M 2 🗆 F	5	3 YAS.	MONTHS	UMYS	HOURS	MITT.	OCT	8 19	40		A CAROLINA
Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF DE	EATH
NATIONAL NAVAL	MEDICAL (	CENTER			BET	HESD	A			M	ONTGO	OMERY
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TV.		1			12.0						
		*	10c. CI I	ry, town (								10d. INSIDE CITY
VIRGINIA PF	RINCE WILI	LAM		W		RIDG				_		1 TES 2 NO
					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
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11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. / YES 2 MR OR DATES		13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	Y? (Specify Ye Rican, etc.)	s or No—	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced		MR OR DATES				2 📉 NO			,		Specif	
15. DECEDENT'S ED			O DECEDENT'S									
(Specify only highest grad	e completed)		(Give kind of ite. Do NOT u	work done	during mo		9	166	. KIND OF BL	ISINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 d	,						l		- 1 -		
17. FATHER'S NAME (First, Middle, Last)	5+	E	DUCAT	TON	SPEC			_	.S.GO			
	OMETINE								Middle, Maider	Surname)		
CARSON O'KELLA  19a. INFORMANT'S NAME (Type/Print)	SMITH		San - Lovins					GAU				
									ber, City or Tox			
CHERYL A. SMITH							COUR		OODBR	_		
1 X Burlel 2 Cremation 3 Ren 4 Donalion 5 Other (Specify)	=111 =271 ==	cemetery, c	remetory or on the ngto.	ther place!			12	2/21	20c. LC	Ar1		on, State
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	11		22.		D ADDRES						
B. Full W	ourless	the							unera			
23. PART I. Enter the diseases, pr	complications the	caused the	death Do	not enter	WOO	apr	Lage	> V	irgi	nia	221	
anock, or haart failure.	List only one ceu	se on each ili	ne.	not enter	tria mo	ae or uyi	ng, suci	n aa carc	nac or reap	iratory an	reat,	Approximata Interval Batween
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Sequentially list conditions,		RESPI			STRE	SS SY	YNDR	OME				
If any, leading to immediate cause. Enter UNDERLYING	DOE 10	OH AS A CONS	EOUENCE O	+):								
CAUSE (Disease or Injury	c	(DR AS A CONS	EQUENCE O	D.								-
that initiated events resulting in death) LAST		(ST. AS A SONS	EGOLINOE O	· <i>j</i> .								
	d											<del>-</del>
PART II. Other algnificant condition	ns contributing to	deeth but not	resulting	In the ur	nderlylng	cause g	lven in	Part I.	24a, WAS AF			WERE AUTOPSY FINDINGS
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								_	1 TYES	X		OF DEATH?
								- [			ı	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DE	EATH (Ch	or anti ac				
EXAMINER?  1 YES 2 X NO	HOSPITAL:	CD10		OTHER	R:							
27. MANNER OF DEATH	1 Ninpetient 2 28a. DATE OF		3 LJ DOA			5 Re	sidence T			18.1 et 40000 - 00 -	0110 ==	
1 📉 Natural 5 🗌 Pending	(Month, De	iy, Ybar)	IN.	URY M	28c. INJU	RK?	,	286. DES	CRIBE HOW	INJURY OC	CURED	
2 Accident Investigation	28e BLACE OF	F INJURY At I	nome from			ES 2	NO	001 10-				
3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	~ne, tem, i	ervet, fact	ory, office			261, LOC C/ty	ATION (Street or Town, State	and Number	or Rural Ad	oute Number,
A. Aresines						- :-						
(Check only 1 1 CERTIFYING PHYS												
2 MEDICAL EXAMIN	ER: On the basis of ex	amination end/o	r investigatio	on, in my o	opinion, de	ath occur	ed at the	time, data	and place, a	nd due to If	ne cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NCC NUM	0.50				(Month Day Year)

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HIPPIDE ASSETTS IDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNDED. OTHER THIS CATHER THIS CATHERDRAND SECOND SIGNED BY THE ATTENDED AND SHAPE IN COMPLETED MINE OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY OF A COMPANY O	De lied with the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (MONTH), Day, New J DEC 271993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11	1. DECEDENT'S NAME (First, Middle, Last	"thon				OF DEAT		REG. N 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER 1 YE			7. DATE OF BIRTH	37	e. BIRTN	NPLACE (State or Foreig
		1 🗆 M 2 🗗 F	82	YRS.	MONTHS DA	AYS HOURS	MIN.	(Mogth, Day, Year)	911	Sound	C
uo.	99. FACILITY NAME (If not institution, give	street and numbers	0,		96. CITY, TO	WN OR LOCATIO	N OF DEAT	e City	9c. COU	NTY OF D	DEATN
DINECTOR	10a. STATE 10b. COUN	ITY		10c, CITY	Y JOWN OR L	OCATION		- 5			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			16	14/11	101. ZIP CODE	?		40. 017	1751 05 1	1 TYES 2 NO
	4128 Buck	inchan	2 K	1		2/	300	,	10g. Cri	/ OF V	WHAT COUNTRY?
מו ני סויבווער	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12: WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 P		If yo		, Mexicen,	ORIGIN? (Specify Puerto Rican, etc.)	Yes or No-	14. RACI Black	E — American Indian, k, White, etc.
1	15, DECEDENT'S ED		16a. DE	CEDENT'S	USUAL OCCU	IPATION		16b. KIND OF I	BUSINESS/INC	DUSTRY	11100
	(Specify only highest grade Elementary/Secondary (0-12)	de completed) College (1-4 or 8 +)	(G	ive kind of w De NOT us	vork done durir	ng most of working	7				
			17	om	em	AKER	2	100			
	17. FATNER'S NAME (First, Middle, Last)	4				18. MOTN	ER'S NAME	E (First, Middle, Meid	len Surptime)		
	199 ANFORMANT'S NAME (Type/Print)	10mpson				5€	2016	2/1	nom		oru
	MACHINE (NON-TITE)	to All	191	b. MAILING	ADDRESS (St	treet and Number	or Rural Ro	ute Nymber gity or	lown, State, ZI	Code)	21210
	20e. METNOD OF DISPOSITION	177 /14/	2004PLACE	AND DATE	OF DISPOSITION	N IUOO		1 DATE 200	LOCATION -	City or To	2/2/3/
Ш	1 Burial 2 Cremetion 3 Re	moval from State	counatery, cre	marked or at	Tone relicion			PATE 20c.	1000	Only of 19	
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DESCRIBE HO'City or Town, St.	AN AUTOPSY ORMED?  2   NO  W INJURY OC  et and Number ste)	24b	Interval Baty Onset and D  T

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rISICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in, or removal.	e medical examiner must be notified at once.
CIAN: The law requires that the death certificate be executed within	ertificate has been signed by the attending physician and completely	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITH, OR ATTANONIS PHYSIC	TO THE PLINERAL DIRECTOR After this co.	be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF		MENTA	L HYGIENE REG. NO.	9:	3 3	7491
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIM	E OF DEATH
	ARNITA TE	114				12	DAY 26	9.	3 8	130A M
	0.00	5. SEX 8. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year)		BIRTNPLACE Country)	(State or Foreign
OR	De. FACILITY NAME (If not institution, give street)  Mercy Med	/	ter	96. CITY, TOWN	or Location of D	EATH		Bas	, /	ty.
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CITY,	TOWN OR LOCA	TION		1 0:	,	10d. II	NSIDE CITY
		140.	*	salt	. Elle	cott	CIP	1.		YES 2 HO
FUNERAL	3349 N. C	bathan	T.H. Rd	10	2104	3			US	OUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ENO	It yes, s	ENDENT OF HISPA ecity Cuben, Maxico 2 NO Specific	nn, Puerto	f? (Specify Yea or Rican, etc.)	No- 14.	Black, White Specify:	erican Indian, , atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m	ON ost of working	166	. KIND OF BUSIN	ESS/INDUST		uch
PLE	8th Grade	College (1-4 or 5+)		dial W	orker		Carria	T ON	111 1	Inta
O	17. FATHER'S NAME (First, Middle, Last)		casto	alal v			Middle, Meiden Sur		11.1. /	apts.
BE C	John Vaughn				Alic	ce T	aylor			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rural		_	itete, Zip Cod	de) 21(	)42
-	Delores T. Mobl		3349	North	Chatham	Road	Apt. H	E1.1.		City, MD
	20e-METHOD OF DISPOSITION 1 (D Burlel 2 Cremation 3 C Hermon	from State 20b. P	LACE AND DATE OF	ar planel		1			or Town, Sta	
	4 Donation 5 Other (Specify)  21. BIGNATURE OF FUNERAL REPVICE LICE	Art	outus Me	morial	Park	112/	29 Balt	more	Count	cy, MD
	· Emit Rite	Emy W-		2301	Gwynns F more, Ma	<b>41772</b>	Palkway	/	1. Home	es, Inc.
	23. PARTY. Enter the diseases, or co- ahock, or heart failure. Li	mplications that coused t	hs death. Do no	ot enter the me	de of dying, suc	h ss can	disc or respirat	ory srrest		Approximats
	IMMEDIATE CAUSE (Final									nterval Between Onset and Death
	disesse or condition resulting in death)	DUE TO (OR AS A C	m Em	60/05			NYX			
NO	Sequentially list conditions, 6.	DUE TO (OR AS A C			NO EN					2 4/5
EX.	If any, leading to immediate cause. Enter UNDERLYING	Monoc			moin	th a				127/5
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1				
FE	resulting in death) LAST									
	PART II. Other algnificant conditions	contributing to death but	not resulting in	the underlyin	a cause alven in	Part I	24s. WAS AN AU	meev	ALL WERE	AUTOPSY FINDINGS
CAL			wor rooming in	tilo dilabilyii	y cause given in	rait i.	PERFORME	D?	AVAILA	BLE PRIOR TO ETION OF CAUSE
MEDIC						_	1 - YES 2	NO	OF DE	ATH?
Σ.						_			1   1	'ES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only or	ne)			
SIC		HOSPITAL:		OTHER:	ne 5 🗆 Residence					
Ϋ́	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 2Bc. IN.	JURY AT		SCRIBE NOW INJU	IRY OCCUR	ED	1
ВУ	1 Natural 5 Pending 2 Accident Investigation	(monos, bay, rour)			YES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, st	reet, factory, offic	•		ATION (Street and or Town, State)	Number or F	Rurel Route Nu	unber,
COMPLETED		AN: To the best of my knowled							402	
		On the beals of examination a	major investigation	, in my opinion,						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1000	(Bank	ne	29c. LICENSE NU	MBER	2	DATE SI	GNED (Month,	1
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DEAT						12	159	193
	1. 5. 8ANK, MB	Mercym	BJIWI		20,301	ST. 1	15 100	Ba	16.M	P
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE							
	DEC 271993	who dender for	total .							4.1.

37491

	1. DECEDENT'S NAME (First, Middle, Les Sarah Elle					2. DATE OF DEA	23 19	3. TIME OF DEATH 10:30 P
=>	4. SOCIAL SECURITY NUMBER 218-12-0313		80 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTY (Month, Day, M	н а	BIRTHPLACE (State or Foreign Country) Maryland
TOR	os. FACILITY NAME (If not institution, give O'Donnell Str RESIDENCE OF DECEDENT				imore	EATN	9c, COUNT	Y OF DEATN
DIRECTOR	Maryland 106. cour	пу		y, town on Loc altimo				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	0'Donnell Stre	et 6511			21224			ted States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	8 2 NO	If yes,	ECENDENT OF NISPAI specify Cuban, Maxica ES 2 NO Specifi	an, Puarlo Rican, et	ify Yea or No- 14	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. OECEOENT'S (Give kind of v ille. Do NOT us	vork done during i	TION most of working	16b. KIND C	OF BUSINESS/INDUS	
MPL	4	conege (1-4 of 5+)	Stee	l Work	er	Beth	lehem :	Steel
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, N		Dellentine
8	Walter Lela  19a. INFORMANT'S NAME (Type/Print)	nd Ayres	19b. MAILING	ADDRESS /Strate	Sarah			Ballantine
5	Catherine I.	Emminizer						Md. 21222
	20 METNOD OF DISPOSITION 1 E-Burlel 2 Cremation 3 Re		Ob. PLACE AND DATE O	OF DISPOSITION/		OATE 20	oc. LOCATION — Cit	ly or Town, State
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Oak Lawn		AND ADDRESS OF FA	12/27	Dundal	k, Maryland
NC	23. PART I. Enter the diseases, of shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions.	a. OUE TO (OR A	S A CONSEQUENCE OF	ilee N	node of dying, such		reepiratory erree	Approximata interval Betwee Onset and De
CERTIFICATION	if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE OF	F):				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Francis Scott Key Med. Cen.

FOR 1 - STATE

Michael

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Purtell

4940 Eastern Avenue Balto., Md. 21224

37492

Approximata **Onset and Death** 

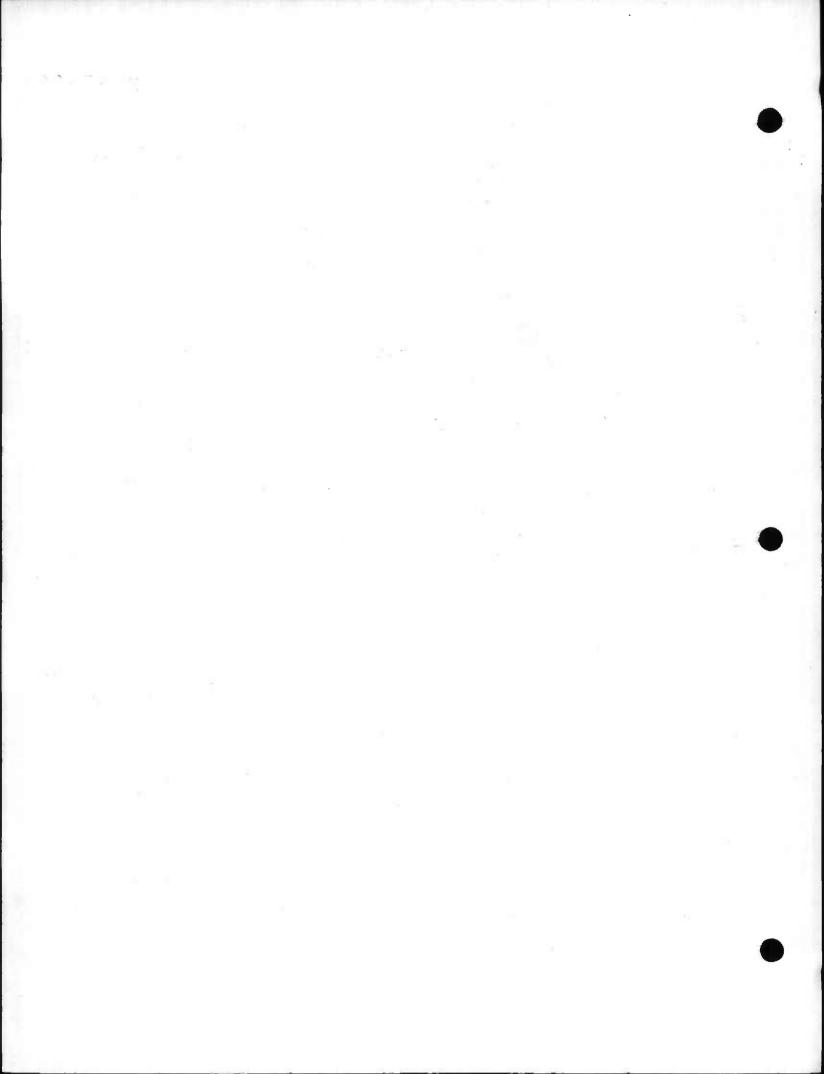
10:30 Pm

93

3-214

4	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE NEEDER OF MARYLAND 21215-0020  TO THE NEEDER OF WITHOUNG PHYSICIAN: The law requires that the death certificate be executed within 5 mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE NEEDER PHYSICIAN: The law requires that the death of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within the State Deri of Health and Mental Horizin certains, or removal.
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+	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		VEAT	3. TIME OF DEATN
		TYREE					1 2			993	10:12 P
	4. SOCIAL SECURITY NUMBER 212- 76- 6862	5. SEX 1 X M 2 F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.		E OF BIRTH	4	8. BIRTH	PLACE (State or Foreign ADELPHIA
	90. FACILITY NAME (If not institution, give a JOHNS HOPKINS		AL			DWN OR LOCATION OF I	DEATN		sc. COUN	/a	EATN
	RESIDENCE OF DECEDENT  100. STATE  100. COUNT  MARYLAND	n/a		10c. CI1	TY, TOWN OR I	OCATION TIMORE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	1240 DARLEY AVENUE					101. ZIP CODE 21218			10g. CITIZ UNITI		TATES
	11. MARITAL STATUS  1 XX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XX	RMED (10	If yo	B DECENDENT OF NISPA DECENDENT O	can, Puerte	IIN? (Specify Yes o Rican, etc.)	or No-	Black	- American Indian, i, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	) (G		se retired.)	IPATION ng most of working	10	Sb. KIND OF BUS	siness/indi	USTRY	
	17. FATHER'S NAME (First, Middle, Last) DONALD TYREE					16. MOTHER'S N		, Middle, Malden			
	190. INFORMANT'S NAME (Type/Print) ARNEITA TYREE		19	1240		treet and Number or Rura AVENUE , BA				^{Code)} 2121	8
	20e. METNOD OF OISPOSITION  1	oval from State			OF DISPOSITION		OA		CATION — C		WARYLAND
I	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22. NAI	ME AND ADDRESS OF F	FACILITY				
	Migneti	( 5·	Am	6		C. MARCH FH					- 4
	23. PART I. Enter the diseases, or shook, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause	sa on aach iini	a.	not enter the	e mode of dying, au	ich as ca				
	shook, or haart feiture.  iMMEDIATE CAUSE (Final disease or condition	a. DUE TO	sa on aach iini	A LA LA COUENCE O	not enter the		ich as ca				interval Batwee
	shook, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (	OR AS A CONSE	OUENCE O	not enter the	e mode of dying, au	ch as ca	rdiac or reapi	AUTOPSY	pat,	interval Batwee Onset and Dea
	shook, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, tesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (b. DUE TO (d	OR AS A CONSE	GUENCE O	not enter the	e mode of dying, au  Back of dying, au  riying couse given in	n Part i,	24a, WAS AN PERFOR	AUTOPSY	pat,	interval Batwee Onset and Dear  Were autopsy Finding available Prior to Completion of Cause OF DEATH?
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PLACE OF DEATN (C)  Nome 5 Residence  c. INJURY AT WORK?  YES XIX NO  office	n Part I.  Check only  S Ott  28d. 00  28d. Co.  2 3 0  use to the cone time, da	24a. WAS AN PERFOR 1 VES 2  DOTE (Specify) ESCRIBE HOW IS BJECT CATION (Street is yor Town, Stele) O BLK euse(s) end mare	AUTOPSY IMED?  NO  NJURY OCC  WAS  and Number of SHE	24b.  24b.  CHC SHC OF Rural F	were autopsy finding available prior to completion of cause of death?  1) Yes 2 \( \text{Number} \) No
	shook, or heart feiture, immediate cause or condition resulting in death)  Sequentisity list conditions, if any, tesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO  27. MANNER OF DEATN 1 Natural 5 Pending Investigation   1 Natural 2 Natural 2 Natural 3 Natural 3 Natural 3 Natural 4 Natural 4 Natural 5 Natural 5 Natural 5 Natural 5 Natural 6 Natural 7 Natural 7 Natural 7 Natural 7 Natural 7 Natural 7 Natural 7 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Natural 8 Nat	BUE TO (b. DUE TO (c. DUE TO (d	GOR AS A CONSE	COUENCE OF TOURNESS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT	or enter the line on, in my opini	riying ceuse given in  28. PLACE OF DEATN (C)  Nome 5 Residence  C. INJURY AT  WORK?  I VES XIX NO  office	n Part i.  Check only 28d. 00 28d. Co. 2 3 0 use to the come time, da	24a. WAS AN PERFOR 1 VES 2  DOTE (Specify) ESCRIBE HOW IS BJECT CATION (Street is yor Town, Stele) O BLK euse(s) end mare	AUTOPSY MED?  NO  NJURY OCC  WAS  and Number of SHE  SHE  29d. DATE	24b.  24b.  SHC  RWC  ed.  couse(s	were autopsy finding analysele from to completion of cause of death?  Thouse Number, MD AVE B.



Taggart

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

South

22

Green St.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Eugene.
4. SOCIAL SECURITY NUMBER

JAMES

POULTON

M.D

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER 24 HRS		E OF BIRTH			CE (State or Foreign
	251-03-9837	1 M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS MIN.		oth, Day, Year)	0	Country)	SC
стов	98. FACILITY NAME (If not institution, give Mercy Hospi	street and number) tal			9b. CIT		altimo	DEATH			TY OF DEAT	
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	PV								1	100	
DIR	MD			10c. C11	Paltimoro							I. INSIDE CITY LIMITS? YES 2 NO
ERAL	2019 Whittie	er Ave.				101	zip code	1217	,	10g. CITIZI	US.	A COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	RMED NO	13	If yes, sp	ENDENT OF HISP ecity Cuben, Mex 2200 Spe	cen, Puerto	IN? (Specify Yes Rican, atc.)	s or No→ 1	Black, W	American Indian, hite, atc. Black		
ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(	ECEDENT'S Give kind of e. Do NOT u	work done	during mo	ON st of working	16	b. KIND OF BU	SINESS/INDU	STRY	
APLE	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)							Gener	al Re	efra	ctory
E COMPL	17. FATHER'S NAME (First, Middle, Last) Walter Tagga	rt				rè.	16. MOTNER'S		Middle, Malden Wildm	0.000		
TO B	19a. INFORMANT'S NAME (Type/Print)  Veda Taggart	Hill	1				ier Av	I Route Nur		m, State, Zip C		21.217
	20e. METNOD OF DISPOSITION  ND Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, or Ma F y	AND DATE	of dispo	tion(Na	nal	1 ₂ -	_	cation — c		
	21. SIGNATURE OF FUNERAL SERVICE L	IGENSEE DA	orton	5		NAME AP	D ADDRESS OF	Mort ens	on &	Sons	Fune	eral <b>H</b> M
NOI	23. PART I Ener the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions,	s. Sep	use on each iin	EDUENCE O	n: lection		de of dying, so	och ss cs	rdlec or reap	iratory srre	et,	Approximate interval Between Onset and Dea 12 hours
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.											
MEDICAL	Organic brain Syndrome 1 Types 2 XNO									CO OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 X NO	
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE DF DEATH (	Check only	one)			
PHYSI	1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	1 C Inpatient 2		28b, TIN	4 🗆 Nt	28c. INJ WO	URY AT HRK?		er (Specify)	NJURY OCCU	PRED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At h	ome, farm,	street, fa			281. LO	CATION (Street y or Town, State)	end Number o	r Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the beat of										d manner as stated.
		ER										

DHMH-16 Rev 1/89

93

3. TIME OF DEATN

3:004 m

Approximats interval Betwe Onset and Death 12 hours

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH 12-24-93
MONTH DAY YEAR

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BALTIMORE, MARYLAND 21215-0020

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PIOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospita	E FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for any standard with the Chair hand of Health and Marrial Harlean price in haring memorial or removal	מוופו	seeman to the married and the married has been decreased as an added the second and the second and the second and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
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4 DECEMENTS MAME WILL AND TO IN			ICATE O	1	REG. N		
1. OECEDENT'S NAME (First, Middle, Last)  HARVEY LEE					2. DATE OF OEATH MONTH 12	21 93	
4. SOCIAL SECURITY NUMBER 213-34-6638	12 M 2 🗆 F	GE (In yrs. leat birthday)  54  YRS.	IF UNDER 1 YEAR MONTHS DAYS	B HOURS MIN.	7. DATE OF BIRTH 8-6-19	9	BIRTHPLACE (State or Foreign Country)  Balto. Md
9a. FACILITY NAME (if not inetitution, give at 6302 Falkirk RESIDENCE OF DECEDENT				n or location of d	EATH	9c. COUNTY	Y OF DEATH
10a. STATE 10b. COUNTY		10c, CIT	TY, TOWN OR LOC	CATION			10d, INSIDE CITY
MD  10e STREET AND NUMBER		1	BALTIM			To some	LIMITS?
6302 Falkirk				10f. ZIP CODE 212:	39		N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O		If yes,	ECENDENT OF HISPA specify Cuban, Mexico (ES 2 ANO Specific	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No— 14	Black  Black  Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during	NTION most of working	16b. KIND OF	BUSINESS/INOUS	тяу
17. FATHER'S NAME (First, Middle, Lest)				44 MOTHER'S N	AME (First, Middle, Maid	for Sumana)	
Harvey Thomps	on. Sr.			Edna	THE (FRE), MICCOS, MER	en sumeme)	
19s. INFORMANT'S NAME (Type/Print)	ony br.	19b. MAILING	ADDRESS (Stre		Route Number, City or	Town, State, Zio Co	ode)
Marlene Thomps	ion				Balto. M		1239
20s METHOD OF DISPOSITION 1-Burlet 2 Cremation 3 Remo		20b. PLACE AND DATE			1	LOCATION — CIT	
6 Domation 6 Other (Specify)	A A	Arbutus					
TOTOU O.	Lev to	1					RAL HOME, I Balto. Md
ahock, of heert failure. I	Abdo	MUNAUL AS A CONSEQUENCE O	Aneu	rysu			Interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEQUENCE O					>logs
resulting in death) LAST	1						
PART II. Other algnificent conditions	contributing to dea	th but not resulting	in the underly	ring cause given in	PERI	AN AUTOPSY	T
aphona/a	herup	3 011	OV.		1 🗆 YES	2 2 10	24B. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	J. 311	v	. PLACE OF DEATH (C		2 (\$ NO	COMPLETION OF CAUSE
	HOSPITAL: 1   Inpatient 2   ER/ 28s. DATE OF INJU. (Month, Day, Ye	JRY 26b. TIM	OTHER: 4 Nursing H  AE OF 26c.	IOME 5 Residence INJURY AT WORK?			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER 2  1  YES 2 NO  27. MANNER OF DEATH	1 inpatient 2 ER/ 26s. DATE OF INJU (Month, Day, Ye	IRY 26b. Tilk IN.	OTHER: 4 Nursing H ME OF JURY M 1	INJURY AT WORK?  YES 2 NO	6 Other (Specify) 26d. DESCRIBE HO	W INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2   NO
EXAMINER 2  1 YES 2  NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datermined  20. CERTIFIER (Check only)  1 CERTIFYING PHYSIG	1 Inpatient 2 ER/ 26s. DATE OF INJU (Month, Day. Ye  26s. PLACE OF INJ building, atc. (  CIAN: To the best of my b	JRY 26b. Till IN.  JURY — At home, farm,  Knowledge, death occurr	OTHER: 4 Nursing H  AE OF JOHN M 1 Street, factory, of the time, d	INJURY AT WORK?  YES 2 NO	6 Other (Specify)  26d. DESCRIBE HO  28t. LOCATION (Strace), Strace of the cause(e) and	w INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 IND  RED  Rural Route Number,
EXAMINER 2  1 YES 2 NO  227. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 \( \) Accident 5 Could not be determined  4 Homicide determined  20e. CERTIFIER (Check only one)  2 \( \) MEDICAL EXAMINER	1 Inpatient 2 ER/ 26s. DATE OF INJU (Month, Day, Ye  26s. PLACE OF IN, building, etc.,  CIAN: To the best of my li R: On the best of examin	JRY 26b. Till IN.  JURY — At home, farm,  Knowledge, death occurr	OTHER: 4 Nursing H  AE OF JOHN M 1 Street, factory, of the time, d	INJURY AT WORK?  YES 2 NO	6 Other (Specify) 26d. DESCRIBE HO 26t. LOCATION (Str. City or Yown, St. to the cause(s) and a time, data and place	w INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 IND  RED  Rural Route Number,
EXAMINER 2 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 6 Could not be 4 Homicide 6 Could not be determined  20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  25b. SIGNATURE AND TITLE OF CERTIFIER	1 Inpatient 2 ER/ 26s. DATE OF INJU (Month, Day, Ye  26s. PLACE OF IN, building, etc.,  CIAN: To the best of my li R: On the best of examin	JURY — At home, farm, (Specify)  knowledge, death occurrention and/or investigation.	OTHER: 4   Nursing H ABC OF JURY M 1   street, factory, of red at the time, d on, in my opinior	INJURY AT WORK?  YES 2 NO  Hote and place, and due, death occured at the	6 Other (Specify) 26d. DESCRIBE HO 26t. LOCATION (Str. City or Yown, St. to the cause(s) and a time, data and place	w INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 IND  RED  Rural Route Number,  cause(e) and menner as stated.

ACCOMPANY AND AND AND AND

213-34-6638 X- - 54

6702 Falmirk Road

8-6-1939 Jateo. Mc sidMIJIeS

Estyer Thompson, Sr.

monumout ens. Thompson

6302 Falkirk Rd. Balto. Md. 21239

Arbetus Memorial Pt. (12/ 193 Helbe. Hd

LEVOY O. DYETT & SON PURIERAL ROWE, \$4600 Liberty Hights Ave. Balto. Md

180 3 2 1993 Sept. 1

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

-	1. DECEDENT'S NAME (First, Middle, Last)	Edu	ard 1	R. Ta	uh	D	2. DATE	OF DEATH DAY	YE 9	EAR	OF DEATH
	4. SOCIAL SECURITY NUMBER 2.20-16-5539		8. AGE (In yrs. lest b	oirthday) IF UNI YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	OF BIRTH Day, Youth	8.1	BIRTHPLACE (Country)	State or Foreign
	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. CDUNTY OF DEATH  96. CDUNTY OF DEATH  96. CDUNTY OF DEATH  96. CDUNTY OF DEATH										
	10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION  Md. Baltimore									Lij	SIDE CITY HITS? ES 2 NO
	100. STREET AND NUMBER  601 S. Charles St.  21230										
	11. MARITAL STATUS 1   Never Married 2   Married   3   Widowed 4   Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 NO		If yes, ape	ENDENT OF HISPA solfly Cuthern, Markle 2 HO Spec	an, Puerto R		r No- 14.	RACE — Ame Black, White,	rican Indian,
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-13)	UCATION fe completed! College (1-4 or 5+)	/Give	EDENT'S USUAL kind of work do to NOT usus retired	ne during mos d.)	the st of working	100.	KIND OF BUSIN	ess/moust	THY TO A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	
and the second	17. FATHER'S MAME (First, Addrille, Laut)		-	LAWI	RER	16. MOTHER'S N	AME (First, N	State Maister St	marfes (1752	INVOA	RD
The second second	MARY (IR	115	4	MAILING ADDRE	FREA	DER 1/	ZA	or City or Then	Brum Ziji Goo	Bartin	80 212
	20 METHOD OF DISPOSITION 1 A Burlet 2 Cremation 2 Res 4 Donation 5 Other (Sonoty) 21. SIGNATURE OF FUNERAL SERVICE L		Mary	AND A	A PON 22. FRAME AM	A/MEN	0 12/2 0 12/2	AS L	AURE AURE	OF TOWN, STAN	TD.
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	23. PART L Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter LIMPED VIMO	a. SEP	e on each line.	HENCE OF):	270 ter the mod	de at dying, su	ch as card	VAC C	tory arrest.	lin	
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## 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					F DEATH						
1. DECEDENT'S NAME (First, Middle, La	THORN.	TON S	SR.			MONT	OF DEATH	DAY 22	YEAR 5 7	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 225-03-6044	6. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR MONTHS DAYS		(Mont	OF BIRTH	908	8. BIRT	HPLACE (State or Foreign try)	
9a. FACILITY NAME (If not institution, gr	ive street and number)			9b. CITY, TOWI	OR LOCATION OF	_	, 1	_	UNTY OF I		
Church Home	Hosp			Bal	timore						
RESIDENCE OF DECEDENT											
10a. STATE 10b. COU				, TOWN OR LOC						10d. INSIDE CITY LIMITS?	
	rford		10	oppato	wne					1 TYES 2 NO	
10e. STREET AND NUMBER				Villa is	IOI. ZIP CODE					WHAT COUNTRY?	
419 Breslin					21085			U	. S . A	١.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 WAR OR DATES	S 2 NO If yes, specify Cuban, Maxica			ican, Puerto	N? (Specify Rican, atc.)	Yea or No→		14. RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S		16a, D	ECEDENT'S	USUAL OCCUPA	TION	168	. KIND OF	BUSINESS/IF	DUSTRY		
(Specify only highest g	College (1-4 or 5	+)	te. Do NOT us	rork done during i e retired.)	most of working						
10th			ngsho	oreman							
17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First,	Middle, Mai	den Surname)			
MILES K	. THORI	NTON			ALM	1A	S.	GAI	RBE	E	
19a. INFORMANT'S NAME (Type/Print)		1			t and Number or Run	al Route Num	ber, City or	Town, State, 2	(ip Code)		
Wayne Kennet	h Thornt				ire Way					Md. 2122	
20a. METHOD OF DISPOSITION		20b. PLACE	E AND DATE O	F DISPOSITION	Neme of	DAT	rE 20c.	LOCATION -	- City or T	own, Stata	
1 XBurial 2 Cremation 3 5 5 4 Donation 8 Other (Specify)	Removal from State		dowr			12/				e, Md.	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		4		AND ADDRESS OF						
1 -0+		01	7.	Conn	elly Fu	inera	al Ho	ome o	f Du	ındalk	
23. PART I. Enter the discesse,	Con	neu	W/							lk 21222	
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	MAZIE BOLDE	N WERKING				December	25,1993	YEAR	9:10P	
	4. SOCIAL SECURITY NUMBER 214–46–9637	5. SEX 6. AGE		IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day, July 20,	7TH Weer) , 1894	Maryla	ACE (State or Foreign	
TOR	9a. FACILITY NAME (IF not Institution, give  Dulaney Towson N  RESIDENCE OF DECEDENT			TOWSOR	OR LOCATION OF DE			Baltin		
DIRECTOR	10a. STATE 10b. COUNT	Baltimore	10c. CITY,	TOWN OR LOC Balti		Marko, ISS			INSIDE CITY LIMITS?  YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 530 Windwood Road				21212	IP CODE 104			AT COUNTRY?	
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3/XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED B 2/1/2 NO DATES	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES XXX ND Specify	n, Puerto Ricen,			American Indian, White, etc.	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)	ille. Do NOT use	rk done during i retired.)	TION nost of working	16b. KINO	OF BUSINESS/INDU	ISTRY		
BE COMPLET	17. FATNER'S NAME (First, Middle, Lest) William Oliver Bo	olden	Homemake	er	18. MOTHER'S NA	ME (First, Middle, a May Sto	3 - 100 - 1			
TO B	198. INFORMANT'S NAME (Type/Print)  Maryland W. Slade		104 Mur	dock Roa	d and Number or Aural I ad Baltimore	Route Number, City	y or Town, State, Zip	Code)		
	20e. METNOD OF DISPOSITION  1	noval from State	bb. PLACE AND DATE OF Simetery, crematory or other Druid Ridge	PLACE AND DATE OF DISPOSITION (Name of place) Pruid Ridge Cemetery 12/28 Pikesvil					- City or Yown, State	
	21. SIGNATURE OF FUNERAL SATISFIES LICENSES  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home  Dennis STephen Aenaks  M00640  6500 York Road Baltimore, Maryland 21212  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,									
		a. ASCV			node of dying, auc	h aa cerdiac o	r reapiratory arre	et,	Approximata interval Batwa Onset and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
MEDICAL CI	PART II. Other algorificant condition	na contributing to death	but not resulting in	the underly	ing cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	AV CC	ERE AUTOPSY FINDIN MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATN (Ch	eck only one)		1		
BY, PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT WORK?  YES 2 ND		**	(fy) NOW INJURY OCCURED		
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, str secify)	rest, factory, of	fica	281, LOCATION City or Town	(Street and Number on, State)	or Rural Rout	te Number,	
COMPLETED	enel and	SICIAN: To the best of my kno IER: On the basis of examinat							nd manner as stated	
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFI	2. Lay	_ MD	)	29c. LICENSE NUI	MBER 20	29d. DATE	SIGNED (M	fonth, Day, Year)	
		3730 Falls Road	Baltimore, N		21211					
	31. DATE FILED (Month, Day, Year)	d 32. REGISTRAN'S GIG	SNATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93

37498

DHMH-18 Rev 1/89

tending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Panes 1.2 a chould			
lurs after death. Page 6 may be retained by the hospital or	director, page 5 should be detached for u		ier must be notified at once.	
be executed within 24 hours after death. I	ian and completely filled in by the funeral	or to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	
he law requires that the death certificate	has been signed by the attending physic	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	n 23 shows any injury, or other tra	
OR ALIENDING	FILL ERAL DIRECTOR; After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item	
NILON STATE	THE PARTY NAMED IN	be filed with	IMPORTAL	

	FOR 1 STATE	STATE OF MAR	YLAND / DI	FPARTME	NT OF H	FAITH	AND N	MENTAL HYCIEN	_E 9	3 37499	
	REGISTRAR		CER	TIFICA	TE OF	DEAT	TH .	REG. NO		0 01433.	
1	1. DECEDENT'S NAME (First, Middle, Last)	lks						2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATH	
8	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birt						0	93 2.30 pm	
i i	259-20-6950	1 🔲 M 2 🗆 F		YRS. MONTH	DER 1 YEAR 18 DAYS	IF UNDER	MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution, give a	street end number)	71		ITY, TOWN O	R LOCATIO	ON OF DEA	2/2/22	I as count	GEORGIA	
DIRECTOR	UNIVERSITY HOS	PITAL			ALTIM				96. COUN	TIY OF DEATN	
EC	10e. STATE 10b. COUNT	Y	10	De. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY	
DIE	,,,,,			BALTIM	UDE C	TTV				LIMITS?	
FUNERAL	10e. STREET AND NUMBER			141 1 140		ZIP CODE			10g. CITIZ	ZEN OF WHAT COUNTRY?	
E	1800 HOLLINS ST	. APT. 42	8-W						US/	4	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		13. WAS DECI	ENDENT O	F NISPANI	C ORIGIN? (Specify Ye		14. RACE — American Indian.	
ВУ Р	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y			If yes, spe	clfV Cuber	n. Mexican	Puerto Rican, etc.)		Black, White, etc.	
8	15. DECEDENT'S EDU	CATION	16a. DECED	ENT'S USUAL	OCCUPATIO	N		16b. KIND OF BU	SINESS/INDI	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (9-12)	Cotlege (1-4 or 5+)	LOAN	Ind of work do. NOT use retired SHAR	ne during mos d.) K	at of worldn	g				
M	17. FATNER'S NAME (First, Middle, Last)										
	MONROE WILKS							E (First, Middle, Maiden	Sumame)		
B	19e. INFORMANT'S NAME (Type/Print)		10h M/	AR ING ADDR	ESS /Street or			RMAN	- O 7		
2	HELEN PARKER									Code)	
	20e. METNOD OF DISPOSITION			207 AMITY ST. BALTIMORE MD. 21223  CEAND DATE OF DISPOSITION (Name of OATE 20C. LOCATION — City or Town, State							
- 1	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cremato	TON 12/28 BALTIMORE, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LIC				2. NAME AN			WILLI AXEX NORT	AM C.	BROWN COMM.	
	23. PART I. Enter the diseases, or shock or heart follows	complications that cau	sed the death.	Dp not eni							
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse or	n each line.							Interval Setween Onset and Death	
	disease or condition resulting in death)	- Adena	COCCUA	(a a	of	Lur	R			) Jan	
	resolting in dastn)	DUE TO (OR A	S A CONSEQUEN	NCE OF):	- 0		)			1 mas-1	
z		a. Adeno DUE TO (OR A b. ASpiradi	in of	Secr	etion	S				10	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUEN	ICE OF):						Jomenns	
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с									
RTIFICATION	that initiated eventa resulting in death) LAST	OUE TO (OR A	S A CONSEQUEN	ICE OF):							
5		d									
AL.	PART II. Other aignificent condition	a contributing to deet	h but not reaul	Iting in the	underlying	cause g	Iven In P			24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL								PERFOR		AMULABLE PRIOR TO COMPLETION OF CAUSE	
Ä										OF DEATH?	
ž								-			
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL/	ACE OF DE	ATN (Chec	k only one)			
Sic	1 VES 2 NO	HOSPITAL:	Outpetient 3 🗆 🗈	OTH		5 Rec	eldence 8	☐ Other (Specify)			
된	27. MANNER OF DEATN	28e. DATE OF INJUI (Month, Day, Yea	RY 28	b. TIME OF INJURY	28c. INJU WOF	RY AT		28d. DESCRIBE HOW I	NJURY OCCI	URED	
BY	1. Natural 5 Pending 2 Accident Investigation	(1101111, 20), 100	"/	M		ES 2	NO				
8	3 Suicide a Could not be datermined	28e. PLACE OF INJU building, etc. (S	JRY — At home, f Specify)	ferm, street, f	actory, office		1	281. LOCATION (Street of City or Town, State)	and Number o	or Rural Route Number,	
E I				_							
COMPLET		CIAN: To the best of my kn									
Ö.	₹ MEOICAL EXAMINE	R: On the basie of examina	ition end/or inves	tigation, in m	y opinion, de	ath occure	d at the ti	me, date and place, an	d due to the	cause(e) end manner ee stated.	
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	N . 9 ~	10 0:	,	., .	29c. LICE	NSE NUMB	ER	29d. DATE	SIGNED (Month, Day, Year)	
2	30 NAME AND ADDRESS OF PEDSON WILL	(SCC) 1)		nis A	Moody				12	1/20/93	

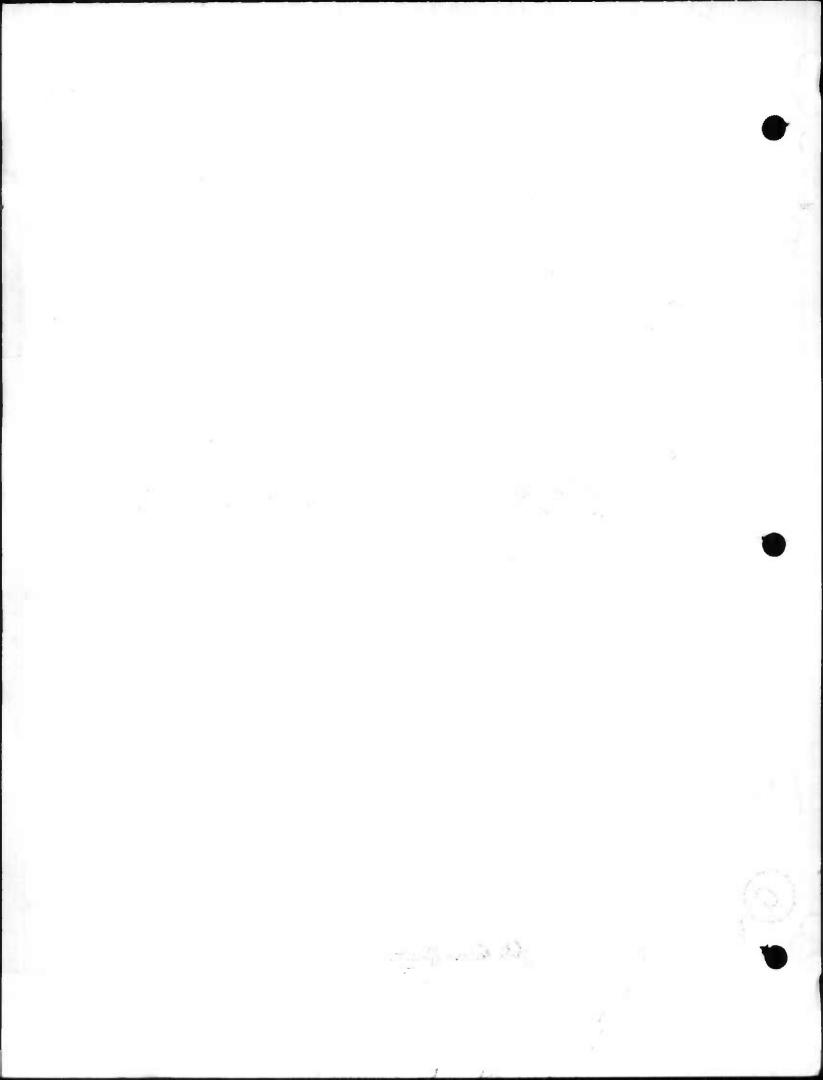
Baltimore, MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Sits of Maryland 22 S. Greene St

Maylone

University

31. DATE FILEO (Morith, Day, Year)
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	urs after death. Page 6 may be retained by the hospital or attending physicial	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoulk or removal.
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OF VI	HYSICIAN:	
IVISION OF VITAL RECORDS, P.O. BOX 13146,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	
_	20	

	FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL	HYGIENE 9	3 37500		
TED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, LL  MALY  4. SOCIAL SECURITY NUMBER	sney Wats	spey Watson			2. DATE OF DEATH MONTH  12-21-1993  IF UNDER 24 HRS. 7. DATE OF Billistry  9. SHY [MPLACE (State or Foreign			
	294-44-435 8	1 🗆 M 2 💢 F	In yrs. last birthday)  YRS.  IF UNI MONTH  9b. Ci		(Month,	6-1902	Ohio  OF DEATH		
	ROLAND PARK RESIDENCE OF DECEDENT 100, STATE 100, COL	Place	10c, CITY, TOW	PATTO City	21	2//	10d. INSIDE CITY		
	MA 10e. STREET AND NUMBER	# 0		timore Cit	<u>Y</u>	10g. CITIZEI	12 YES 2 NO		
	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	2/2/1 —  3. WAS DECENDENT OF HISP If yea, specify Cuban, Mex 1  YES 2 NO Spe			RACE — American Indien, Black, White, atc. Specify:		
	3 Widowed 4 Diversed  15. DECEDENT'S (Specify only highest g	rade completed)	16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retre	ne during most of working	16b. I	KIND OF BUSINESS/INDUS	whit∈		
PLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Homemal	ker	Homemak				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				DER'S NAME (First, Middle, Malden Surneme)				
BE (		W. Owesney			Agnes Gresinger				
5	190. INFORMANT'S NAME (Type/Print)  Mary Louis	e Foster	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ess (Street end Number or Aur t. Dunstan					
	20e, METHOD OF DISPOSITION	201	. PLACE OF DISPOSITION	(Neme of cemetery, crematory of		20c. LOCATION — CIT	* * * * * * * * * * * * * * * * * * * *		
	1 Suriel 2 Cremetion 3 1 4 Donation 5 Other (Specify)	Removal from Stete	Union Ceme	etery			ille, Ohio		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Burgee-Henss Funeral Home  3631 Falls road Baltimore, MD 2121								
MEDICAL CERTIFICATION	immediate cause (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST	b. A S P TO OR AS A	CONSEQUENCE OF):				Interval Betw Onset and Di 48 h		
	PART II. Other significant cond  Cerebro vasc  Sip Multiple	enlar Dieus E Strones		underlying cause given		248, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
AN	SEIZUR	disorder		26. PLACE OF DEATH	Chark ask as				
TED BY PHYSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	petient 3 DOA 4 L						
	27. MANNEP OF DEATH  1 Natural 5 Pending 2 Accident Investigat	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	_	d. DEŞCRIBE HOW INJURY OCCURED			
	3 Suicide 5 Could not determine	building, etc. (Spe	28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	one)	HYSICIAN: To the best of my know							
TO BE C	29b. SIGNATURE AND TITLE OF CERT	ncionn	EATH (ITEM 27) (See Sec.)	D C C LICENSE	NUMBER 2129	Ph.	ec, 21, 199		
	31. OATE FILED (Month, Day, Year)	D. McG	enell S	00 W. Uni	vers ity	Baltima	re mp 212		
	DEC 271993	Latin Danden	- Russe						